

Conflict of Interest Disclosure Form to Recommending Additional Testing for Newborn Screening Conditions

Current law at SDCL 34-24-18 and administrative rule 44:19:01:04 list a set of conditions that current state law requires hospitals screen newborns. This testing assists public health by informing the parents of potential genetic and other diseases affecting the health of the newborn. The Department is seeking recommendations for additional testing to detect disease in newborns. However, disclosure of potential conflicts between the nominator and the testing requirements is essential for government accountability.

This form should be used to indicate a conflict of interest that may exist when the nominator(s) has an economic interest in, or acts as an officer or a director of, any entity whose financial interests would reasonably appear to be benefitted by the addition of the nominated condition to the South Dakota newborn screening panel. The nominator(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest.

Note: A conflict of interest exists if a nominator(s) has a relationship, affiliation, or other interest that would directly benefit the nominator, financially or otherwise, based on the outcome of the nomination.

Please indicate if circumstances are present that create or contribute to a conflict of interest:

- I, my organization, or a family member have no conflict of interest(s) to report.
- I, my organization, or a family member have the following conflict of interest(s) to report (specify below):

The disclosure of a conflict of interest does not automatically mean the condition being nominated to South Dakota's newborn screening panel will not be considered; rather, a disclosed conflict of interest may warrant additional discussion between the South Dakota Department of Health and the nominator(s). The South Dakota Department of Health may refuse to accept a nomination from any person with a conflict of interest.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Printed name: _____

Signature: _____