



Designed to Change Patient Outcomes?  Yes  No

Changes in Patient Outcomes evaluated?  Yes  No  
(If yes, please indicate how outcomes data is collected and provide data).

5. Was there commercial support?  Yes  No (If yes, provide the following)

a. Names of commercial supporters and amounts:

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- b. A copy of the written disclosure of support you provided to participants
- b. A copy of the signed letter of agreement with each supporting company.
- c. Documentation that the funds were handled through School of Medicine accounts, and records showing how the funds have been spent to date.

5.1 Were there exhibitors/vendors?  Yes  No

6. Attach a copy of any handouts given to participants (check one):

Handout copies included  Handout copies previously submitted

**VI. Plans for the Future of the RSS:**

1. Has there been new information regarding educational needs?  Yes  No  
(If yes, please explain and attach a summary of the information and its source, and document that it was considered by the people planning the series):

2. In view of your experience with this series so far, are you planning to do anything differently in the future? Have your objectives changed? Do you plan to change the format in any way? If so, describe the change(s):

**VII. Approval (signatures required):**

I have reviewed this report and the attached information and believe it to be correct and complete.

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Faculty Member Responsible for Managing the Activity

Date

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Contact Person

Date