



**Title:** Public Comment Form

**Policy Number:** 04

**Annual Approval Date:** July 20, 2022; Aug. 23, 2023; Jan. 15, 2025

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**Dates Reviewed:** June 23, 2022; July 19, 2022; Aug. 23, 2023; Jan. 15, 2025

### Public Comment Form

*Use this form to provide public comment orally or in writing and to disclose an interest or affiliation. Failure to complete this form does not disqualify a speaker from commenting. However, administrative staff will request the form be completed to assist with organization of public comment. Due to board meeting time constraints, only one person per organization will be added to the list of public comment speakers for each board meeting. Public comment will be posted to the PDAB website on the [board calendar and materials page](#).*

**Instructions:** Please read all information and fill in areas with an asterisk (\*). Submit the form no later than 24 hours before the PDAB meeting for oral comments and no later than 72 hours before the PDAB meeting for written comments. If you need assistance, call the PDAB office at 971-374-3724 or send an email to [pdab@dcbs.oregon.gov](mailto:pdab@dcbs.oregon.gov).

**COMMENTER INFORMATION**

\*Name:  \*Date:

\*Organization, if applicable:  \*Topic/Drug:

Email Address:  Phone Number:

Are written comments submitted with this form? **Yes**  **No**

Do you plan to offer oral comment in addition to the written submission? **Yes**  **No**

\*Are you an employee, or volunteer of, or a lobbyist for, a pharmaceutical manufacturer, trade association, the health care industry, prescription drug supply chain, advocacy group, or other? **Yes**  **No**   
\*If **yes**, please identify the entity / organization:

\*Do you or your organization receive funding from a pharmaceutical manufacturer, trade association, the health care industry, prescription drug supply chain, advocacy group, or other? **Yes**  **No**   
\*Have you been asked to provide comments? **Yes**  **No**   
\*If **yes**, please identify the entity / organization:

\*If you are a researcher or clinician, do you currently receive grants or other funding from any pharmaceutical entity, advocacy group, or other? **Yes**  **No**   
\*If **yes**, please identify the entity:

\*Are you involved in or have you been involved in any research funded directly or indirectly from any pharmaceutical entity, advocacy group, or other? **Yes**  **No**   
\*If **yes**, please describe the type of compensation:

Is there any other information about yourself that the board should know?