

Reporting Period: 2020 Submitted Date: 2/16/2021

Liu, George

Financial Conflict/Duality of Interest Disclosure

1. Do you serve as a Consultant, Advisor, or Speaker for any for-profit company or non-profit organization? Yes

List all company(s) and organization(s) for which you serve as a Consultant, Advisor, or Speaker.

Consultant, Gramercy Extremity Orthopaedics Consultant for Advisory Board for Consenus, Orthofix

2. Do you hold more than a 2 percent financial interest (including stocks) in any organizations?

No

3. Do you own any Intellectual Property Rights with any organization?

Nc

4. Do you serve in any official capacity, either elected or appointed, for any other medical or podiatric organization (non-profit or for-profit)?

No

5. Do you serve on an editorial or governing board of a medical publication?

Yes

List all publication(s)/organization(s) for which you serve on the editorial or governing board.

Section Editor, Journal of Foot and Ankle Surgery 2017 – present Member, Government & Professional Relations Committee, Texas Podiatric Medical Association. 2016 – present Chair, Patient Safety and Quality Assurance Committee, Texas Podiatric Medical Association. 2014 – present Member, Scope of Practice Committee, Texas Podiatric Medical Association. 2008 – present Councilor (2013 – 2017), Committee Member (2008 – present), Continuing Medical Education Committee, Texas Podiatric Medical Association.

6. Do you receive any grant/research funding?

No

7. Are there any other oral, written, or financial relationships between you and any for-profit company or non-profit organization that has conflicting or dual goals and objectives or have competing business and professional interests or activities?

No

I have reviewed my most current CMS Open Payments webpage before completing and signing this form.

Yes

I understand that by affixing my electronic signature to this form, I give permission to the ACFAS to publish in any form (print or electronic) the information I provide on this conflict of interest/disclosure form.

Yes

Electronic Signature

I understand and agree to the attached conflict of interest policy (see above) and disclosure form. I hereby certify that the above is accurate. If these facts change during my period of serviceto ACFAS, I will immediately amend and file an amended statement with ACFAS. Failure to disclose, recuse, or comply with these policies would be subject to review by the Conflicts of Interest Committee and possible dismissal from the position or role.

Signature: Liu, George, 16064, 2/16/2021