

CONFLICT OF INTEREST FORM

For SPONSORED STUDIES ONLY

Date: _____

This form must be completed by all investigators and key personnel involved with this study.

Please answer all questions. Explain any question that you answer "YES" to.

IRB Study Number: _____

Principal Investigator: _____ **Your Name** _____

Study Title: _____

1. Do you have a proprietary or financial interest in the test product, such as: patent, trademark, copyright or licensing agreement? YES NO

If "yes", please explain: _____

2. Have you entered into or expect to enter into any financial arrangement with the study sponsor whereby compensation for conducting the study could be influenced by the outcome of the study? This includes, for example, an equity interest in the sponsor or compensation tied to sales of the product; ie: royalty interest. YES NO

If "yes", please explain: _____

3. Do you have a significant equity interest in the sponsor of the study? This would include, for example, any ownership, stock options or other financial interest whose value cannot be easily determined through reference to public prices. It also includes an equity interest in a publicly traded company exceeding \$50,000 during the period of the study and one (1) year thereafter. YES NO

If "yes", please explain: _____

4. Have you received or expect to receive significant payment of other sorts from the sponsor? This does not include the cost of conducting clinical studies. This would include, for example, payments made to the investigator or the institution to support activities that have an aggregate monetary value greater than \$25,000 (ie: a grant to fund ongoing research, compensation in the form of equipment, retainers for ongoing consultation or honoraria). YES NO

If "yes", please explain: _____

5. Will you be financially rewarded, directly or indirectly, for the enrollment or participation of subjects? YES NO

If "yes", please explain: _____

6. Will you or your department be paid or compensated for subjects enrolled? YES NO

If "yes", please explain: _____

7. Is the funding level contingent upon the number of subjects enrolled? YES NO

If "yes", please explain: _____

8. Will enrollment of subjects generate medical fees, which will directly or indirectly benefit you or your department? YES NO

If "yes", please explain: _____

By signing below, you certify that the above information is complete, accurate and you agree to promptly update the above information if any relevant changes to your answers above.

Research Personnel Signature: _____ Date: _____