

FINANCIAL DISCLOSURE FORM
Please complete and return with any protocol submitted for initial and continuing review that receives funding or support

Study Title: _____

IRB#: _____ Name of Site PI: _____ Sponsor (Funding Source): _____

Research-related Companies: (entity(s) providing study drug/device): _____

Person Completing Form: _____ Role in the study: _____

Study Responsibilities (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Screen Participants | <input type="checkbox"/> Randomize Participants | <input type="checkbox"/> Discharge Instructions |
| <input type="checkbox"/> Perform Physical Exam | <input type="checkbox"/> Dispense Study Drug | <input type="checkbox"/> Follow-up Phone Calls |
| <input type="checkbox"/> Record Medical History | <input type="checkbox"/> Drug Accountability | <input type="checkbox"/> Complete Source Documents |
| <input type="checkbox"/> Determine Eligibility | <input type="checkbox"/> Assess AEs | <input type="checkbox"/> Sign Data Query Forms |
| <input type="checkbox"/> Administer Consent | <input type="checkbox"/> Complete CRFs | <input type="checkbox"/> Other |

A financial interest related to research means a financial interest in the sponsor, product or service being tested. In order to protect participants from financial conflicts of interest the IRB requires financial relationships related to or perceived to be related to the research during the past 12 months be disclosed. If the IRB determines that a conflict exists that could influence the research or jeopardize the well-being of participants, the IRB may require additional information about the conflict or may require that the conflict be resolved before the research is approved. In addition, it may require that the conflict be disclosed to the participant in the Informed Consent Document.

Please Indicate the following:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I or a member of my immediate family own(s) equity (stock ownership, stock options, convertible note(s), or other ownership interest in any amount) in any of the research-related companies and/or sponsor listed above.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A research-related company/sponsor holds patent rights to inventions created by me or a member of my immediate family (spouse, children, parent, in-laws, and siblings).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I or a member of my immediate family hold(s) a position of senior management officer, or director in any of the research-related companies/sponsor listed above.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I or a member of my immediate family receive payments for providing scientific advice, consulting or speaking for any of the research-related companies/sponsor listed above (including direct or indirect payments, honoraria, and all other forms of compensation).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If a device, technique, software, or procedure involved in the research is marketed, I or a member of my immediate family may be entitled to royalty income or income from the sale of product of any of the research-related companies/sponsor listed above.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I or a member of my immediate family have/has a financial interest that may appear to conflict with the protection of subjects or which should be disclosed to subjects in order to secure informed consent.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I or a member of my immediate family have/has a financial interest or relationship with a research-related company/sponsor that competes with any of the research-related company/sponsor listed above.

IF ANY BOX ABOVE IS CHECKED YES, PROVIDE AN EXPLANATION BELOW OF THE FINANCIAL RELATIONSHIP (INCLUDING THE AMOUNT OF COMPENSATION RECEIVED IN THE PAST 12 MONTHS) FOR THE IRB'S CONSIDERATION. INFORMATION PROVIDED IS CONSIDERED CONFIDENTIAL.

My signature below is my representation that I have accurately completed this form to the best of my knowledge.

Signature: _____ Date: _____