

**FINANCIAL DISCLOSURE Form**

***Please complete and return with any protocol***

***submitted for initial and continuing review.***

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| Study Title:      IRB#:      Funding Source/Sponsor:      Research-related Companies:       (entity(s) providing study drug/device) |
| Name of Site PI:       |

A financial interest related to research means a financial interest in the research-related companies and/or 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 relationship 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.

I or a member of my immediate family (spouse, children, parent, in-laws, and siblings) **do not currently** **have nor had in the past 12 months** any of the relationships described below in any of the **research-related companies and/or sponsor** listed above:

* Own(s) equity (stock ownership, stock options, convertible note(s), or other ownership interest in any amount);
* Created inventions that the research-related company/sponsor holds patent rights to;
* Hold(s) a position of senior management officer, executive leadership, board member, or director;
* Receive(d) payments for providing scientific advice, consulting or speaking (including direct or indirect payments, honoraria, and all other forms of compensation);
* Entitled to royalty income or income from the sale of product if a device, technique, software, or procedure involved in the research is marketed;
* A financial interest that may appear to conflict with the protection of participants or which should be disclosed to participants in order to secure informed consent;
* A financial interest or relationship with a company/sponsor that competes with the company/sponsor listed above.

**\*\*IF you have a financial relationship with the research related companies and/or sponsor, please contact** *[Insert Contact Name]* **at** *[Insert email address]* **to complete an IRB financial disclosure form.**

By signing below, I certify that I have disclosed **no relationship as described above** with the research-related companies and/or sponsor of the study currently and/or in the past 12 months. I agree to contact the study coordinator and HRPP to update this disclosure form within 30 days if my relationships change and may impact this clinical study. Failure to disclose a financial relationship related to this protocol may result in suspension of the research and/or my eligibility to participate on the protocol.

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

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| Signature & Print Name  | Date |