

Name:

IRB #:

Study Sponsor Name:

Sponsor Protocol #:

Study Title:

To protect participants from financial conflicts of interest, the IRB requires that such potential conflicts 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 Statement.

	Y/N	Comments
1. 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 the company or other legal entity whose drug, procedure, technique, device, or software I am testing (the "Company").		
2. The Company holds patent rights to inventions created by me or a member of my immediate family (spouse, children, parent, in-laws, and siblings).		
3. I or a member of my immediate family hold(s) a position of senior management officer or director of the Company		
4. I or a member of my immediate family am/is a scientific advisor, consultant, or speaker for the Company and receive payments from the Company (including direct or indirect payments, honoraria, and all other forms of compensation).		
5. I or a member of my immediate family have any other 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.		
6. 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 the product.		

IF ANY BOX ABOVE IS CHECKED YES, INCLUDE ON A SEPARATE SHEET AN EXPLANATION OF THE CONFLICT (INCLUDING THE AMOUNT OF MONEY) 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.

Investigator's signature: _____ Date: _____
MM/DD/YY