

Investigator Financial Disclosure and Conflict of Interest Form

Name: _____

Study Title (If applicable): _____

Date: _____

Indicate by marking YES or NO if any of the financial interests or arrangements with any pharmaceutical company, biomedical Product Company, laboratory testing company, or Research Company described below apply to you, your spouse, or dependent children in the prior year and/or that is expected in the next 12 months.

Excluding the VA, are you a board member, executive, part-time employee, or full-time employee of the study sponsor?

Yes; Name of Sponsor and your position: _____
 No

YES <input type="checkbox"/>	NO <input type="checkbox"/>	<p>A significant equity interest in parent company of the sponsor of the trial. This would include any ownership interest, stock options, whose value represents 5% or more interest in any one single entity; OR of \$10,000 or greater value when referenced to publicly traded prices or other measure of fair market value when aggregated for the immediate family; OR of any amount whose value could not be referenced to publicly traded prices or other measure of fair market value.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Significant payments of other sorts, the total of which exceeds \$10,000 annually when aggregated for the immediate family, EXCLUDING the costs of conducting a trial. This could include, for example, payments made to the investigator or the institution to support activities (i.e., cash, gifts, in-kind compensation, compensation in the form of equipment, or retainers for ongoing consultation or honoraria).</p> <p>If yes, please describe: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Financial interests involved in the design, conduct, or reporting of the research, such as income or a proprietary or financial interest in the test product such as a patent, trademark, royalties, copyrights, or licensing agreement.</p> <p>If yes, please describe: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Financial arrangements whereby the value of the compensation could be influenced by the outcome of the trial. This could include, for example, compensation that is explicitly greater for a favorable outcome, or compensation the investigator in the form of an equity interest in the sponsor or in the sponsor or in the form of compensation tied to sales of the product, such as a royalty interest.</p> <p>If yes, please describe: _____ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Non-financial Conflict of Interest whereby personal gain could be influenced by the outcome of the trial or approval of the study. This could include, for example, promotions or tenure that maybe explicitly based on or influenced by the IRB approval of the study or the specific outcome (Either positive or negative results) of the study.</p> <p>If yes, please describe: _____</p>

I certify that the information provided on this form is, to the best of my knowledge and belief, true, correct, and complete. Furthermore, if my financial interests and arrangements, or those of my spouse and dependent children, change from the information provided above during the course of the trial or within one year after trial completion, I will notify the Trial Sponsor and the IRB.

Signature: _____

Date (mm/dd/yy): _____