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| See The Christ Hospital Institutional Review Board SOP [2.13 Financial Conflict of Interest](file://tch-fs03/IRB%20-%20MEDSTAFF/IRB/POLICIES%20and%20SOPs/POLICIES%20SOPs/IRB%20Policies/Updated%20SOP/SOP%202.13%20Financial%20Conflict%20of%20%20Interest_new%202020.doc). |

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| IRB #: |  | | |
| PI Name: |  | | |
| Study Title: |  | | |
| Name of Sponsor/Funding Agency: | |  | |
| Name of the party to whom this financial disclosure applies: | | |  |
| Position of the party to whom this financial disclosure applies:  Principal Investigator (“PI”)  Sub-Investigator (“Sub-I”)  Research Staff involved with the design, conduct, and reporting of research | | | |

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| Mark “**Yes**” or “**No**” to indicate whether the financial interests/arrangements apply to you or your immediate family (your spouse, dependent children, or members of your household) in relation to the study listed above. For each item answered “Yes,” provide additional information in the Financial Interest Disclosure box on page 2. The reporting period is the 12 months preceding the date of this disclosure.  I, and/or a member of my immediate family, have- | | | |
| 1. | **Relationship with Sponsor/Funding Agency**  Been an executive, director, or employee of the sponsor of this study. | | Yes  No |
| 2. | **Remuneration from Sponsor/Funding Agency**  If Sponsor/Funding Agency is a publicly traded company- Salary or other payments for services (e.g. consulting fees, honoraria, or paid authorships for other than scholarly works) when the aggregated value received from a publicly traded entity during the 12 month period preceding the disclosure, and the value of any equity interest during the 12 month period preceding or as of the date of disclosure, exceeds $5,000. These payments may include: consulting arrangements, payments for service on a board, advisory committee or review panel, including scientific or technical appointments, except as stated below, payments for lectures and similar public appearances, honoraria, paid authorship.  If Sponsor/Funding Agency is a non-publicly traded company- Salary or other payments for services, when the aggregated value received from a non-publicly traded company entity during the 12-month period preceding the disclosure exceeds $5,000. | | Yes  No |
| 3. | **Reimbursed or Sponsored Travel**  Reimbursed or sponsored travel that is related to an investigator’s responsibilities for this study. This includes travel that is paid on behalf of the investigator and not reimbursed to the investigator so that the exact monetary value may not be readily available. However, this disclosure does not apply to travel reimbursed or sponsored by a Federal, state or local government agency, an institution of higher education as defined at 20 U.S.C.1001(a), an academic teaching hospitals, or a research institute that is affiliated with an institution of higher education. | | Yes  No |
| 4. | **Equity Interests**  If Sponsor/Funding Agency is a non-publicly traded company, equity interests (e.g. stocks, stock options, or other ownership interests) of any value during the 12 month period preceding or as of the date of disclosure; or  If Sponsor/Funding Agency is a publicly traded company, equity interests (e.g. stocks, stock options, or other ownership interests) that exceeds $5,000 during the 12 month period preceding or as of the date of disclosure. | | Yes  No |
| 5. | **Royalties/IP**  Income related to intellectual property rights and interests (e.g. patents, trademarks, service marks, and copyrights). | | Yes  No |
| 6. | **Recruitment Bonuses**  Agreed to or plan to accept recruitment bonuses for enrolling subjects into this research study? | | Yes  No |
| 7. | **Significant Payments of Other Sorts**  Any significant payments of other sorts not aforementioned including monetary values more than $5,000. These may be in forms such as a grant to fund ongoing research, compensation in the form of equipment or retainers for ongoing consultation, or honoraria. | | Yes  No |
|  | **Financial Interest Disclosure-**  For each item marked “YES,” describe the conflict (including its size and nature) and explain your plan to manage the conflict and minimize its impact on the conduct of this study***.*** *If multiple items were marked “YES,” reference the item number and provide a separate explanation as to each.* | | |
|  | **Disclosure Statement:** |  | |

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| **Signature:**  I certify that the information provided on this form is, to the best of my knowledge, correct and complete. Furthermore, if my financial interests and arrangements, or those of my spouse and dependent children, change from the information provided here changes during the course of the study, or within one year after the last participant completes the study as specified in the protocol, I will notify the IRB promptly. | | | | |
| **Signature:** |  | | | |
| **Name (Printed or Typed) :** | |  | **Date** |  |