

Financial Conflict of Interest Disclosure Form**Principal Investigator:****Study Title:****PI Address:****PI Telephone / Email:****Date of Submission:**

In order to inform research subjects of circumstances that may affect their decision to participate in this study, all researchers are required to disclose their financial interests with outside institutions. The Principle Investigator must ask the following questions of all study team members. **If you or a member of the study team answers “YES” for any question, please complete a Disclosure Attachment for each external interest.** If you and the members of the study team answer “NO” to all questions, please sign below and submit forms with application.

1. During the **past twelve months**, did you, your spouse, registered domestic partner, or your dependent children receive **aggregated** compensation – monetary or otherwise (e.g. consulting fees, honoraria, speaking fees, stipends, dividends, ownership interest, equity interest, stock, stock options and gifts) – exceeding \$5,000 in value from an external (non-PPMH) entity operating in areas **relating to your PPMH responsibilities?**

Yes

No

2. Did you, your spouse, registered domestic partner, or your dependent children hold at some point during the **past twelve months**, an ownership interest in an external entity operating in areas **relating to your PPMH responsibilities** and which, when aggregated together for all of you, represent either (i) an equity interest that exceeds \$5,000 in value or 5% ownership of a **public entity** OR (ii) any ownership of a **non-public entity?**

Yes

No

3. During the **past twelve months or in the next twelve months**, did you participate in/do you plan to participate in any travel that was reimbursed or sponsored by an external (non-PPMH) entity operating in areas **relating to your PPMH responsibilities**? Do not report travel reimbursement or sponsored by a federal, state, or local government agency, an Institution of higher education, an academic teaching hospital, a medical center, or a research institution that is affiliated with an Institution of higher education.

Yes

No

4. During the **past twelve months**, did you, your spouse, registered domestic partner, or your dependent children receive income related to any interests or rights in intellectual property **related to your PPMH responsibilities**?

Yes

No

Principal Investigator Acknowledgement

I hereby affirm that the above information (and the information contained in the attached statements, if any) is true to the best of my knowledge and that I will update promptly if my circumstances change.

P.I.'s Name: _____ Date: _____

Electronic Signature:

Faculty Advisor Acknowledgement

I hereby affirm that the above information (and the information contained in the attached statements, if any) is true to the best of my knowledge and that I will update promptly if my circumstances change.

Faculty Advisor's Name: _____ Date: _____

Electronic Signature:

Please save a copy of the form for your records and submit the final form electronically by clicking the "Submit Form" to the left or at top of page.

Disclosure Attachment

Name of the entity from which you are receiving or will receive the disclosed compensation, in which you hold an ownership interest in, or who has or will sponsor your travel:

Please list your current sponsored program and/or research including the name of the principle investigators and title of the study.

Type of remuneration:

Compensation

Equity Ownership

Travel

Purpose of Travel:

Destination:

Duration of Travel:

Estimated Value of Travel, if known:

Type of entity:

For profit (publicly-owned)

For profit (privately-owned)

Non-profit

Government/Public

1. Describe the business of this entity:

2. Please describe how your disclosed external relationship with the above noted entity does or does not relate to your PPMH responsibilities:

3. Please indicate the aggregate annual amount of compensation and/or value of sponsored or reimbursed travel by clicking on the appropriate amount from the drop-down box (please note that amounts under \$5,000 need not be reported):

4. Please indicate the aggregate fair market value of ownership interest by clicking on the appropriate amount from the drop-down box (please note that amounts under \$5,000 need not be reported):

5. When did/will the compensation and/or travel occur?

6. Please provide a brief description of your role and responsibilities or ownership interest in the entity, including any applicable titles for which you, your spouse, registered domestic partner, or dependent children will receive compensation:

7. If you are providing speaking presentations and/or consulting for the entity listed above, please check all relevant boxes below:

Speaking

Slides for my presentation are provided by the entity and are based on FDA approved content.

I cannot deviate from the slides presented to me by the above mentioned entity.

I have complete control over the content of my presentation.

Consulting

My consultant work for the above entity was a one-time engagement.

My consultant work for the above entity is ad hoc.

My consultant work for the above entity is contractual.

8. Is the disclosed interest royalties or licensing fees? If so, please describe the intellectual property to which the payments are related and how it is or not related to your PPMH responsibilities.

9. Is this entity or any of its employees using space, equipment, or facilities at PPMH? Do NOT include PPMH work done pursuant to sponsored research agreements.

Yes

No

If "YES", please identify where and describe the work:

10. My PPMH research/sponsored program work involves human subjects:

Yes

No

11. Products and/or services made by the above noted entity in which I have a financial relationship are being used during the performance of my PPMH responsibilities:

Yes

No

Name: _____ Date: _____

Electronic Signature:

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