

 	<h2>Conflict of Interest Disclosure Form for Investigative Sites</h2>	Internal Use
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*Blank & incomplete answers will result in delayed reviews!*

Protocol Number: \_\_\_\_\_ PI Name: \_\_\_\_\_  
 IRB Tracking Number: \_\_\_\_\_

**General Guidance:** This form must be completed by anyone on the study team with a conflict of interest (financial or otherwise), as indicated on the **Investigator Site Questionnaire**. Each study team member with a conflicting interest must complete a **Conflict of Interest Disclosure Form for Investigator Sites**. For further guidance, please refer to the **CGIRB® Investigator Guidebook**.

**Instructions:** If you have conflicting interests for this clinical research study, please answer the below questions as they apply to you as well as your spouse and/or your dependent children. Please attach additional sheets if necessary. *If you do not have any conflicting interests, you do not need to complete this form.*

**Role in study:**  Investigator       Sub-Investigator       Study Coordinator  
 Other Research Staff; Specify \_\_\_\_\_

**Mark yes or no for each question below as they apply to you, your spouse and dependent children.**

<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No	Do you have any equity interest in the sponsor of the research study that exceeds a total of \$10,000* or have a 5% or greater interest in a publicly held company connected to the research (eg, ownership interest, stock options, or other any financial interest whose value cannot readily be determined through reference to public prices)? <b>*If yes, describe:</b>
<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No	Do you have proprietary interest in the product being tested (eg, a patent, trademark, copyright, licensing agreement, royalty payment)? <b>*If yes, describe:</b>
<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No	Excluding the costs of conducting this study, have you received any significant payments of other sorts from the sponsor that totals \$10,000 or more (eg, grant funding, consulting fees, speaker fees, compensation in the form of equipment, honoraria, or retainers)? <b>*If yes, describe:</b>
<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No	Have you entered into any payment arrangements with the sponsor whose value may be affected by the outcome of the study (eg, bonuses or recruitment incentives)? <b>*If yes, describe:</b>
<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No	Are you an executive officer or director with the sponsor company? <b>*If yes, describe:</b>
<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No	Do you have any potential conflicts of interest that are not outlined above that potentially could influence the conduct or outcome of this research study? <b>*If yes, describe:</b>

\*The threshold limit of \$10,000 applies to the aggregated financial interests of you, your spouse, and your dependent children.

**Please attach additional information if necessary.**

I attest that the information provided above is, to the best of my knowledge, accurate and complete. If the above financial interests, as I have reported them, change during the course of the study, I will immediately inform the Copernicus Group IRB.

\_\_\_\_\_  
**Print Name (Required)**

\_\_\_\_\_  
**Signature (Required)**

\_\_\_\_\_  
**Signature Date (Required)**