



Community Memorial Health System

Where Excellence Begins with Caring

CONFLICT OF INTEREST

Name: _____
(print)

Name of Study: _____

Principal Investigator **Co-Principal Investigator** **Research Team Member**

In order to protect subjects from financial conflicts of interest or perceived conflicts of interest, the IRB requires that such potential conflicts be disclosed. If the IRB determines that a conflict exists that could influence the research or jeopardize the well being of subjects, the IRB may require additional information about the conflict or may require that the conflict be resolved before the research is approved.

If you or any member of your immediate family (spouse, children, parent, in-laws, and siblings) has a financial interest in either a public or private company whose drug, procedure, technique, device, or software is used or tested in any study, you will disclose the conflict as research protocols are reviewed. Examples of a conflict of interest include:

- I own equity in the company (stock ownership equal to or greater than 5%, Stock Options, Real Estate, or other ownership interest in any amount) whose drug, procedure, technique, device, or software I am testing.
 Yes **No**
- The company holds patent rights to inventions created by me or a member of my immediate family (spouse, children, parent, in-laws, and siblings) or by another faculty member or other employee of the institution.
 Yes **No**
- I or a member of my immediate family (spouse, children, parent, in-laws, and siblings) hold(s) a position of senior management officer or director of the company whose drug, procedure, technique, device, or software I am testing.
 Yes **No**
- I am a scientific advisor or consultant to the company and I receive honoraria exceeding \$5,000 annually.
 Yes **No**
- If a drug, procedure, technique, device, or software involved in the research is marketed, I or a member of my immediate family (spouse, children, parent, in-laws, and siblings) will get royalty income or other income from the sale of the product.
 Yes **No**

I understand that any other financial interests that may appear to conflict with the protection of subjects should be disclosed to subjects in order to secure informed consent.

I understand that if there is a future conflict, it is my responsibility to submit a separate letter of explanation to the IRB for their review and consideration.

Signature

Date

Rev: 6/10/15