

Financial Interest Disclosure Form
(For Sites Answering Yes to "Potential Conflict of Interest")

MHC IRB#		PI Name		Date	
Sponsor Protocol Number and Title					
Sponsor					

Party with the Financial Interest:

(Please provide a separate form for each individual with a financial interest.)

Name	
Position	<input type="checkbox"/> Investigator <input type="checkbox"/> Sub-Investigator <input type="checkbox"/> Other Research Personnel <input type="checkbox"/> Immediate Family Member of PI or Research Personnel (spouse or dependent children) <input type="checkbox"/> Institution (e.g., Hospital, University, etc.) <input type="checkbox"/> Other (please explain):

Nature of the Financial Interest:

(Please check box(es) and fill in information)

Equity	
<input type="checkbox"/> Equity (stock, options, etc. – Does not include diversified mutual funds or similar instruments in which shareholder has control over the equities held by the fund.):	
<input type="checkbox"/> Publicly traded - Number of Shares, etc.: _____	\$ value: _____
<input type="checkbox"/> Not publicly traded - Number of Shares You Hold, etc.: _____ Approx. Total Number of Shares Issued: _____	\$ value: _____
Salaries, Reimbursements and Gifts	
<input type="checkbox"/> Recruitment Incentives (bonus payments, etc.)	\$ value: _____
<input type="checkbox"/> Sponsor Travel Reimbursement	\$ value: _____
<i>(This does not include travel sponsored or reimbursed by a federal, state, or local government agency, a US institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.)</i>	
<input type="checkbox"/> Consulting Fees during last 365 days (or indicate alternative period)	\$ value: _____
What are the consulting fees related to? (Both a and b must be answered)	
a. <input type="checkbox"/> Only this study or <input type="checkbox"/> Other studies with the sponsor of this research project or <input type="checkbox"/> Not related to this or any other research study.	
b. Describe the consulting activities you are providing to receive payment: _____	
<input type="checkbox"/> Speaking Fees during last 365 days (or indicate alternative period)	\$ value: _____
What were the speaking fees related to? (Both a and b must be answered)	
a. <input type="checkbox"/> Only this study or <input type="checkbox"/> Other studies with the sponsor of this research project or <input type="checkbox"/> Not related to this or any other research study.	
b. Describe the speaking activities you are providing to receive payment: _____	

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<input type="checkbox"/> Gifts during last 365 days (or indicate alternative period)	\$ value: _____
<input type="checkbox"/> Other (please explain): _____	\$ value: _____
Intellectual property (IP)	
<input type="checkbox"/> Trademarks	\$ value: _____
<input type="checkbox"/> Copyrights	\$ value: _____
<input type="checkbox"/> Licensing Agreements	\$ value: _____
<input type="checkbox"/> Royalty Payments	\$ value: _____
<input type="checkbox"/> Patent Holdings	\$ value: _____
Other/Positions or Relationships (compensated or not)	
<input type="checkbox"/> Corporate Officer or Board of Directors	\$ value: _____
<input type="checkbox"/> Scientific Advisor, Scientific Advisory Board	\$ value: _____
<input type="checkbox"/> Data Safety Monitoring board	\$ value: _____
<input type="checkbox"/> Management or Executive positions	\$ value: _____
<input type="checkbox"/> Employment as independent contractor	\$ value: _____
<input type="checkbox"/> Other Employment Relationship	\$ value: _____
Comments: _____	