

INTEGRIS Health, Inc. Institutional Review Board

CONFLICTS OF INTEREST DISCLOSURE FORM FOR INVESTIGATORS

Name of Investigator completing this form: _____

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. In addition, it may require that the conflict be disclosed to the subject in the Informed Consent Statement. You should consider your current business and personal relationships and those within the preceding 12 months, including your affiliations with INTEGRIS Health and its subsidiaries, in completing this Conflict of Interest Disclosure Form.

☐ Yes ☐ No Do you or any member of your immediate family (spouse, children, parents, and siblings) have a "significant financial interest" in either a public or private company whose drug, procedure, technique, device or product is used, tested or listed in clinical research at INTEGRIS Health or with any company making a competing product.

☐ Yes ☐ No Have you or any member of your immediate family received support or gifts (whether in dollars or in kind) from a pharmaceutical manufacturing, research, or distribution company with which INTEGRIS Health has had business dealings or which influences or potentially conflicts with your research activities.

☐ Yes ☐ No Have you or any member of your immediate family (i) served on a board of directors or advisory board; (ii) held an executive position; (iii) served as a consultant to; or (iv) served on the speaker bureau of a pharmaceutical manufacturing, research or distribution company.

☐ Yes ☐ No Have you been involved in the design, conduct or reporting of clinical research trials at INTEGRIS Health or participated in funded or unfunded research or a technology, process, or product development related to research activities where you or any member of your immediate family are entitled to receive income.

☐ Yes ☐ No Do you have any other interest that may appear to conflict with the protection of subjects or which should be disclosed to subjects in order to secure informed consent for research studies.

If you have answered "Yes" to any question, please include a separate letter of explanation. If you have not answered "Yes" or attached a letter of explanation for consideration by the IRB, your signature below is your representation that you have no financial or other conflict of interest that could adversely affect a subject in this study.

Signature

Date

*****"Significant financial interest" means anything of monetary value including, but not limited to, salary or payments for services (e.g., consulting fees or honoraria), equity interests (e.g. stocks, stock options, or other ownership interests) and intellectual property rights (e.g. patents, copyrights, and royalties from such rights. This term does NOT include the following:***

1. Financial interest in any one business enterprise or entity if the value of those interests does not (i) exceed \$25,000 in value as determined through reference to public prices or other reasonable measures of fair market value; or (ii) represents more than a five percent (5%) ownership interest when aggregated for you and your immediate family;
2. Income (e.g., salary, fees, or other continuing payments) in an amount of \$25,000 or less per annum from any one business enterprise or entity when aggregated for you and your immediate family), excluding salaries or other remuneration paid by INTEGRIS Health.
3. Funds, holdings and investments in mutual, pension, retirement or similar funds over which you have no direct control.