

GBMC Institutional Review Board

Conflict of Interest Statement

Investigator:

Date:

Protocol Title:

Protocol Sponsor:

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.

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 this study, please indicate the following:

Please include an explanation if there is further information that the IRB should consider:

☐ Yes ☐ No 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 I am aware that a faculty member or other employee of the institution owns 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 aware that a faculty member or other employee of the institution 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 I am aware that 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 am aware that if the drug, procedure, technique, device, or software involved in the research is marketed, another faculty member or other employee of the institution will get royalty income or other income from the sale of the product.

☐ Yes ☐ No Any other financial interest that may appear to conflict with the protection of subjects or which should be disclosed to subjects in order to secure informed consent.

If I have not checked any of the boxes above, or attached a letter of explanation for consideration by the IRB, my signature below is my representation that I have no financial or other conflict of interest that could adversely affect a study subject.

(Signature) **(Date)**

(Printed name)