DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

DISCLOSURE: FINANCIAL INTERESTS AND

Form Approved: OMB No. 0910-0396 Expiration Date: August 31, 2012

ARRANGEMENTS OF CLINICAL INVESTIGATORS

10 BE COMPLETED BY APPLICANT	
The following information concerning	, who participated
as a clinical investigator in the submitted study	
	Name of dance with 21 CFR part 54. The
named individual has participated in financial arrangements of equired to be disclosed as follows:	r holds financial interests that are
Please mark the applicable check boxes.	
any financial arrangement entered into between the sponsor investigator involved in the conduct of the covered study, who to the clinical investigator for conducting the study could be study;	ereby the value of the compensation
any significant payments of other sorts made on or after Fe the covered study, such as a grant to fund ongoing rese equipment, retainer for ongoing consultation, or honoraria;	
any proprietary interest in the product tested in the coinvestigator;	overed study held by the clinica
any significant equity interest, as defined in 21 CFR 54.2(b) the sponsor of the covered study.), held by the clinical investigator in
Details of the individual's disclosable financial arrangements and description of steps taken to minimize the potential bias of chisclosed arrangements or interests.	
NAME TITLE	
FIRM/ORGANIZATION	
SIGNATURE	Date (mm/dd/yyyy)

Paperwork Reduction Act Statement

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