

Financial Disclosure Form

Please complete all of the information below and retain a copy of this form for your records. Please complete a separate form for each individual that has a financial interest.	
1. Protocol No.	
2. Study Title:	
3. Principal Investigator:	
4. Site / Institution Name:	
5. Telephone:	
6. Name of the individual who has the financial interest:	
7. The position of this individual: <input type="checkbox"/> PI <input type="checkbox"/> Sub-Investigator <input type="checkbox"/> Other study staff <input type="checkbox"/> Immediate family of PI, Sub-I, or study staff	
Definitions: <ul style="list-style-type: none"> Immediate Family means spouse and dependent children. Financial Interest Related to the Research means financial interest in the sponsor, product, or service being tested, or competitor of the sponsor or product or service being tested. Institutional Responsibilities means professional responsibilities on behalf of the Institution, and as defined by the Institution in its policy on financial conflicts of interest. This may include, for example: research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards. 	
All individuals involved in the design, conduct, or reporting of research are to disclose the following financial interest for themselves and their immediate family:	
<ul style="list-style-type: none"> Ownership interest, stock options, or other financial interest related to the research unless it meets four tests: 	
1. Does the financial interest exceed \$5,000 when aggregated for the immediate family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is it publicly traded on a stock exchange?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has an arrangement been entered into where the value of the ownership interests will be affected by the outcome of the research?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does the financial interest exceed 5% interest in any one single entity when aggregated for the immediate family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Compensation related to the research and/or institutional responsibilities unless it meets two tests: 	
1. Does the financial interest exceed \$5,000 in the past year when aggregated for the immediate family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has an arrangement been entered into where the amount of compensation will be affected by the outcome of the research?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Do you or your immediate family have proprietary interest related to the research including, but not limited to, a patent, trademark, copyright, or licensing agreement? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Have you or your immediate family had any reimbursed or sponsored travel (i.e., that which is paid on behalf of the Investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available), related to investigator's responsibilities for this study; provided, however, that this disclosure requirement does not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education. 	Yes <input type="checkbox"/> No <input type="checkbox"/>

<ul style="list-style-type: none"> Do you or your immediate family hold a position in the sponsor company (executive, director, board member or employee) which is related to the research? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered "Yes" to any of the above, you must describe the financial interest and any steps planned to prevent the financial interest from interfering with the design, conduct, or reporting of the research, including interfering with the protection of participants, <u>for each item marked "Yes."</u>	
Describe Financial Interest:	
Describe plan:	
I declare that the information provided on this form is, to the best of my knowledge and belief, true, correct, and complete, Furthermore, if my financial interests and arrangements, or those of my spouse and dependent children, change from the information provided above during the course of the study or within one year after the last patient has completed the study as specified in the protocol, I will promptly notify Alpha Independent Review Board.	
Print name and title:	
Signature:	Date: