**Conflict of Interest & Compliance Statement**

**For Research Personnel**

**Title of Study:**

**Principal Investigator:**

Definitions

Research Personnel: All individuals designing or directing research, serving as a principal or co-investigator, enrolling research subjects (including obtaining subjects’ informed consent or screening potential subjects), or making decisions related to eligibility to participate in research, analyzing or reporting research data, analyzing or reporting adverse events, or submitting manuscripts concerning the research publication.

Immediate Family: includes a spouse along with your and your spouse’s parents, siblings, children,

grandparents, and grandchildren.

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.

**CONFLICT OF INTEREST OR FINANCIAL INTEREST**

Does the investigator, other research personnel, or a member of their immediate families have a potential conflict of interest in this project?

□ No □ Yes – Explain

Includes - Ownership interest, stock options, or other financial interest related to the research:

• With regard to any publicly traded entity, remuneration >$5,000 in the 12-month disclosure period including equity interests;

• With regard to any non-publicly traded entity, (1) remuneration >$5,000 in the 12-month disclosure period or the Investigator (or the Investigator’s spouse or dependent children) holds any equity interest (e.g., stock, stock option, or other ownership interest);

• Intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests.

• Position as a director, officer, partner, trustee, or employee of any management position held within the sponsor; or

• Payment (consultant fees, honoraria, grant payments) > $10,000

**COMPLIANCE WITH LAWS**

Have you been excluded from participation in, barred, or otherwise sanctioned by Medicare, Medicaid, or any other federal, state, or local health care program?

□ No □ Yes – Explain

Have you been found by the United States Food & Drug Administration (FDA) or any other state or federal government agency or enforcement body to have violated any federal, state, or local laws, rules ior regulations relating to clinical investigations?

□ No □ Yes – Explain

Have you been or are currently under investigation by any government enforcement agency relating to clinical care, billing for clinical care, or clinical investigations?

□ No □ Yes – Explain

Print Name Role

Signature Date