

## Financial Interest Disclosure Form

(For Sites Answering Yes to “Potential Conflict of Interest”)

|  |  |                |  |             |  |
|--|--|----------------|--|-------------|--|
| <b>MHC IRB#</b>                          |  | <b>PI Name</b> |  | <b>Date</b> |  |
| <b>Sponsor Protocol Number and Title</b> |  |                |  |             |  |
| <b>Sponsor</b>                           |  |                |  |             |  |

### Party with the Financial Interest:

(Please provide a separate form for each individual with a financial interest.)

|                 |   |
|-----------------|---|
| <b>Name</b>     |   |
| <b>Position</b> | <input type="checkbox"/> <b>Investigator</b><br><input type="checkbox"/> <b>Sub-Investigator</b><br><input type="checkbox"/> <b>Other Research Personnel</b><br><input type="checkbox"/> <b>Immediate Family Member of PI or Research Personnel (spouse or dependent children)</b><br><input type="checkbox"/> <b>Institution (e.g., Hospital, University, etc.)</b><br><input type="checkbox"/> <b>Other (please explain):</b> |

### Nature of the Financial Interest:

(Please check box(es) and fill in information)

|   |                 |
|---|-----------------|
| <b>Equity</b>   |                 |
| <input type="checkbox"/> <b>Equity</b> (stock, options, etc. – Does not include diversified mutual funds or similar instruments in which shareholder has control over the equities held by the fund.):  |                 |
| <input type="checkbox"/> <b>Publicly traded</b> - Number of Shares, etc.: _____   | \$ value: _____ |
| <input type="checkbox"/> <b>Not publicly traded</b> - Number of Shares You Hold, etc.: _____<br>Approx. Total Number of Shares Issued: _____  | \$ value: _____ |
| <b>Salaries, Reimbursements and Gifts</b>   |                 |
| <input type="checkbox"/> <b>Recruitment Incentives</b> (bonus payments, etc.)   | \$ value: _____ |
| <input type="checkbox"/> <b>Sponsor Travel Reimbursement</b>  | \$ value: _____ |
| <i>(This does not include travel sponsored or reimbursed by a federal, state, or local government agency, a US institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.)</i>  |                 |
| <input type="checkbox"/> <b>Consulting Fees</b> during last 365 days (or indicate alternative period)   | \$ value: _____ |
| What are the consulting fees related to? (Both a and b must be answered)<br>a. <input type="checkbox"/> Only this study or <input type="checkbox"/> Other studies with the sponsor of this research project or <input type="checkbox"/> Not related to this or any other research study.<br>b. Describe the consulting activities you are providing to receive payment: _____ |                 |
| <input type="checkbox"/> <b>Speaking Fees</b> during last 365 days (or indicate alternative period)   | \$ value: _____ |
| What were the speaking fees related to? (Both a and b must be answered)<br>a. <input type="checkbox"/> Only this study or <input type="checkbox"/> Other studies with the sponsor of this research project or <input type="checkbox"/> Not related to this or any other research study.<br>b. Describe the speaking activities you are providing to receive payment: _____    |                 |

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|   |                 |
|---|-----------------|
| <input type="checkbox"/> <b>Gifts</b> during last 365 days (or indicate alternative period) | \$ value: _____ |
| <input type="checkbox"/> <b>Other</b> (please explain): _____                               | \$ value: _____ |
| <b>Intellectual property (IP)</b>   |                 |
| <input type="checkbox"/> Trademarks   | \$ value: _____ |
| <input type="checkbox"/> Copyrights   | \$ value: _____ |
| <input type="checkbox"/> Licensing Agreements   | \$ value: _____ |
| <input type="checkbox"/> Royalty Payments   | \$ value: _____ |
| <input type="checkbox"/> Patent Holdings  | \$ value: _____ |
| <b>Other/Positions or Relationships (compensated or not)</b>                                |                 |
| <input type="checkbox"/> Corporate Officer or Board of Directors                            | \$ value: _____ |
| <input type="checkbox"/> Scientific Advisor, Scientific Advisory Board                      | \$ value: _____ |
| <input type="checkbox"/> Data Safety Monitoring board                                       | \$ value: _____ |
| <input type="checkbox"/> Management or Executive positions                                  | \$ value: _____ |
| <input type="checkbox"/> Employment as independent contractor                               | \$ value: _____ |
| <input type="checkbox"/> Other Employment Relationship                                      | \$ value: _____ |
| <b>Comments:</b> _____  |                 |

**External Reporting of Financial Interest**

|  |
|--|
| <p><b>Has this financial disclosure <i>already been reported</i> to another IRB beside MHC IRB?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer the following questions:</p> <p>Name of External IRB _____</p> <p>Date of notification to External IRB _____</p> <p>Did the External IRB amend the informed consent form? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at this time</p> <p>Did the External IRB make any additional FCOI management plan request? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at this time</p> <p><b>Comments:</b> _____</p> |
|--|