

**RESEARCH CONFLICT OF INTEREST DISCLOSURE FORM**

**INSTRUCTIONS**

**Prior to completing this form, review the Policy and Procedure, Conflicts of Interest in Research. Failure to timely submit a disclosure may result in delays of proposal submission, submission of IRB applications, and/or in release of research funding.**

**Use the checklist below to determine whether you are required to complete and submit this COI disclosure:**

<p>Are you an <b>“Investigator”</b> responsible for the design, conduct or reporting of research?</p> <p><b>Investigator is defined as:</b> The project director or principal investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research. Investigators typically include study coordinators, research assistants, research nurses, data managers, collaborators and consultants.</p> <p>If <b>NO, STOP</b>. You do not need to submit this form. If <b>YES</b>, continue to next question.</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Are you currently participating in, or are named on proposals being submitted to participate in either unfunded research or research funded by a) federal, state and/or local government agencies, b) commercial sponsors, or c) other organizations funding research at or on behalf of North Memorial Health?</p> <p>If <b>NO, STOP</b>. You do not need to submit this form. If <b>YES</b>, complete and submit this form.</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

**Definitions:**

**Immediate family:** Spouse, domestic partner, and each dependent child.

**PHS-Funded Investigator:** An Investigator who is participating or planning to participate in a research project funded by the U.S. Public Health Service or by an entity that has adopted the PHS Objectivity in Research Rule 42 CFR Part 50, Subpart F and 45 CFR Part 94).

**DISCLOSURE FORM**

**PART A: DISCLOSURES**

3.	Have you or an Immediate Family member(s) received remuneration (e.g. consulting fees, honoraria, paid authorship/royalties) from a <b>publicly-traded entity</b> over the past 12 months <b>OR</b> do you own any equity interest (e.g. stock, stock options) that, when aggregated, exceed \$5,000? <i>This does not include interests in mutual funds or retirement funds in which you do not directly control investment decisions.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Have you or an Immediate Family member(s) received remuneration from any <b>non-publicly traded entity</b> (including non-profit organizations) over the past 12 months that, when aggregated, exceeds \$5,000?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Do you or an Immediate Family member(s) currently hold <i>any</i> amount of equity (e.g. stock, stock options or other ownership interest) in a <b>non-publicly traded entity</b> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Do you or an Immediate Family member(s) receive any income from <b>intellectual property</b> rights and interest (e.g. patents, copyrights)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	For PHS-Funded Investigators only: Have you received any reimbursed or sponsored travel (i.e. travel that was paid for on your behalf and not reimbursed to you) related to your responsibilities at North Memorial Health? <i>This does not include travel sponsored or reimbursed by a federal, state, or local government agency, a U.S. institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
8.	Do you or an Immediate Family member(s) serve as an officer, director, or member of a board, including an advisory board, in a corporation, partnership, business, government entity, or other entity outside of North Memorial Health?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Do you or an Immediate Family member(s) have any other financial interest or external commitment that may interfere with your ability to oversee or be engaged in conducting research without bias?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**If you answered YES to ANY of questions above, skip to Part B of this form.**

**If you answered NO to ALL of the questions above, sign below and submit this form to [Research.Office@northmemorial.com](mailto:Research.Office@northmemorial.com).**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART B: AMOUNT AND NATURE OF SIGNIFICANT FINANCIAL INTERESTS**

<b>10.</b>	If you answered "Yes" to questions 3, 4, 5, 6 or 7 above, please provide the requested information below.	
<b>A.</b>	<b>Type of interest disclosed:</b>	
	<input type="checkbox"/> Salary	<input type="checkbox"/> Stock or stock options
	<input type="checkbox"/> Consulting fees	<input type="checkbox"/> Reimbursed or sponsored travel
	<input type="checkbox"/> Honoraria	<input type="checkbox"/> Income related to intellectual property
	<input type="checkbox"/> Paid authorship/royalties	<input type="checkbox"/> Other (explain):
<b>B.</b>	<b>Value of compensation received over past 12 months (e.g. \$5,000 in consulting fees):</b>	
<b>11.</b>	If you answered "Yes" to questions 8 or 9, identify the entity with which you have a potential conflict, describe the nature of the conflict, and provide amount of remuneration received (if any) from the entity over the past 12 months:	
<b>12.</b>	Provide a brief description stating how any interests you have disclosed do or do not relate to your role and responsibilities at North Memorial Health:	

**I certify that I have read and understand the Policy and Procedure, Conflicts of Interest in Research, and that the information I have provided above is complete and accurate to the best of my knowledge.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit this form to [Research.Office@northmemorial.com](mailto:Research.Office@northmemorial.com).**