FINANCIAL INTEREST IN RESEARCH FORM - TEMPLATE

(A separate form must be completed by each investigator of the project)

Investigator name:

Institution name:

Project:

Role in the project:

Period:

1) Within the last/next 12 months have you or, to the best of your knowledge, your spouse and/of dependent children received compensation of any kind from any commercial entity that would appear to be affected by the conduct of outcome of the research?

( ) Yes ( ) No

If NO, please skip this section of the questionnaire and go to question 2.

If YES, please check below all that apply:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Investigator | Spouse/ Dependent Child | Entity Name | Amout/value/ year |
| Consulting fees |  |  |  |  |
| Honoraria for lectures, papers, teaching |  |  |  |  |
| Salaries, Officer/Director’s fees |  |  |  |  |
| Gifts / gratuities (above US$100) |  |  |  |  |
| Compensation for service on advisory board |  |  |  |  |
| Royalty payment |  |  |  |  |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

2) Do you or, to the best of your knowledge, your spouse and/or dependent children, own stocks stock options or other forms of ownership in any commercial entity that would appear to be affected by the conduct of outcome of the above mentioned research?

( ) Yes ( ) No

If NO, please skip this section of the questionnaire and go to question 3.

If YES, please check below all that apply:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Investigator | Spouse/ Dependent Child | Entity Name | Value/ % ownership |
| **Publicly-traded Company** |  |  |  |  |
| Stocks |  |  |  |  |
| Stock options |  |  |  |  |
| Other forms of ownership |  |  |  |  |
|  |  |  |  |  |
| **Non publicly-traded Company** |  |  |  |  |
| Stocks |  |  |  |  |
| Stock options |  |  |  |  |
| Other forms of ownership |  |  |  |  |

3) Are you or, to the best of your knowledge, your spouse and/or dependent children named as an inventor in an issued patent or patent application, the value of which would appear to be affected by the conduct or outcome of the research?

( ) Yes ( ) No

If NO, please skip this section of the questionnaire and go to question 4.

If YES, Who has the ownership of the patent? Please check below all that apply:

( ) You

( ) Spouse / domestic partner

( ) Parents

( ) Descendents

Please explain:

4) In the last 12 months, did any commercial entity that would appear to be affected by the conduct or outcome of the research pay for or reimburse you (and/or your spouse/dependent children) for any travel (e.g. hotel, transportation)?

( ) Yes ( ) No

If NO, please skip this section of the questionnaire and go to question 5.

If YES, please explain below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Entity | Purpose | Destination | Duration | Did entity pay for your spouse or dependent child to travel with you? |
|  |  |  |  |  |
|  |  |  |  |  |

5) Do you have any other financial interest that would appear to be affected by the conduct or outcome of the research

( ) Yes ( ) No

If YES, please explain below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information I have provided is accurate and complete and I will promptly report any changes .

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_