

QMC Research

Significant Financial Conflict-of-Interest Disclosure Form

TO BE COMPLETED BY EACH INVESTIGATOR

To enable The Queen's Medical Center (QMC) to monitor all potential and actual conflicts of interests, please answer each of the following questions to the best of your ability.

This disclosure statement is mandatory and requires that you disclose all potential and actual conflicts-of-interest, even if they are questionable. The Queen's Medical Center reserves the right to make the final determination with regard to all potential and actual conflicts of interest.

Name of Investigator

Project Title

Before proceeding to complete this form, please make a separate copy of it for each business and review the definitions in QMC's **investigator significant financial interest disclosure policy, 610-21-177-b.**

SECTION A

Have you or any other person responsible for the design, conduct, or reports of this research have an economic interest in, or acts as an officer or a director of any outside entity whose financial interest would reasonably appear to be affected by, the research?

- No**, go to Section B **Yes**, please also describe in Section F

SECTION B

Have you directly or indirectly accepted any compensation or benefit (regardless of monetary amount) from a Business which relates, in any way, to your professional activities on behalf of The Queen's Medical Center?

- No**, skip to Section G **Yes**

If **Yes**, did the compensation or benefit constitute a Significant Financial Interest in the Business (>\$10,000 or 5% equity)?

- No**

If No, please briefly describe the compensation or benefit in **Section F**, and confirm whether this was received in accordance with QMC Investigator Significant Financial Interest Disclosure policy.

- Yes**

If Yes, please fill out a separate form for each Business. Complete the information below.

Business Name: _____

Address: _____

SECTION C

Your Significant Financial Interest in this Business (check each applicable box and describe in Section F):

- Salary
- Consulting Fees
- Honoraria
- Compensation for services on Boards of Directors/Advisors
- Equity interest

- Intellectual property interests
- Other Items of value: _____

SECTION D

Your QMC activities that might relate to the activities of the Business (check each applicable box and describe in Section F):

- Research, including Clinical or Basic Research
- Clinical care, including referral of patients and specimens.
- Make or influence administrative or supervisory decisions regarding purchasing by, or contracting on behalf of, QMC
- Service on body with jurisdiction to review activities of the Business (e.g., committee of NIH, FDA, or other governmental agencies, private professional or regulatory body or private insurer)

SECTION E

Range of your total Significant Financial Interest in the Business (in thousands of dollars):

Income/Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5-15	16-25	26-50	>50
Publicly Traded		<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	Not Sure	
For Profit	<input type="checkbox"/>	<input type="checkbox"/>		
	Yes	No		

SECTION F

Please print any descriptions or questions on blank space below and reference each to an above number (use additional pages if needed).

SECTION G

I acknowledge that I have reviewed the QMC's Investigator Significant Financial Interest Policy and agree to comply with its terms. I have answered fully and to the best of my ability circumstances related to Significant Financial Interest in a Business. I agree that I shall notify the Research Regulatory Office immediately to complete an additional form to update any changes in my circumstances. I understand that my failure to provide and/or update this Disclosure Statement in a timely, complete and accurate manner may subject me to disciplinary action, which may include severance of my professional relationship with QMC.

Signature: _____ Date: _____