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| **NEW (7/00)** Form 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **QMC-Specific Research** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Significant Financial Interest Disclosure Form for all Potential/Actual**  **Conflicts of Interest** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| To enable The Queen’s Medical Center to monitor all potential and actual conflicts of interest, please answer each of the following questions to the best of your ability. **Each investigator must complete this form.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Investigator: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Project Title | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Before checking boxes and printing descriptions on this form, please make a separate photocopy of it for each Business and review definitions in Investigator Significant Financial Interest Disclosure Policy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Section A | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Have you or any other person responsible for the design, conduct, or reports of this research has an economic interest in, or acts as an officer or a director of any outside entity whose financial interests would reasonably appear to be affected by, the research? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | |  | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  | If YES, please also describe in Section F. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Go to Section B. | | | | |
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| **Section B** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| 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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Yes | | | | |  | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  | If YES, did this compensation or benefit constitute a Significant Financial Interest in the Business (> $10,000 or 5% equity)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | If NO, skip to Section G. | | | | |
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| Yes | | | | | | | |  | No | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | |
|  | | | | If YES, please fill out a separate form for each Business. | | | | | | | | | | | | |  | If NO, please briefly describe the compensation or benefit in Section F below, and confirm whether this was received in accordance with QMC Investigator Significant Financial Interest Disclosure Policy. | | | | | | | | | | | | | | | | | | |  | | | |
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| Business Name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section C** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| Your Significant Financial Interest in this Business (check each applicable box and describe at Section F): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | Salary | | | | | | | | |  | | Consulting Fees | | | | | | | | | | | | | |  | | Honoraria | | | | | |  | | | | |
|  | |  | Compensation for services on Boards of Directors/Advisors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Equity Interest | | | | | | | | | | | | | | |  | Intellectual property interests | | | | | | | | | | | | | | | | | | | | |
|  | |  | Other items of value: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section D** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| Your QMC activities that might relate to the activities of the Business (check each applicable box and describe at Section F): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section E** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| Range of your total Significant Financial Interest in the Business (in thousands of dollars): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5-15 | | | | | | | | | | | | | | | 16-25 | | | | | | | | 26-50 | | | | | | >50 | | | | | |  | | | | |
| Income/Year | | | | | | | | | | |  | |  | | | | | | |  |  | | | | |  |  | | | | | |  |  | | | | | |
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| YES | | | | | | | | | | | | | | | NO | | | | | | | Not Sure | | | | | | | |  | | | | | | | | | |
| Publicly Traded | | | | | | | | | | |  | |  | | | | | | |  |  | | | | |  |  | | | | | | | | | | | | |
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| YES | | | | | | | | | | | | | | | NO | | | | | | |  | | | | | | | | | | | | | | | | | |
| For Profit | | | | | | | | | | |  | |  | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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| **Section F** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| Please print any descriptions  or questions  on blank lines below and reference each to an above number (use additional pages if needed). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Section G | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I acknowledge that I have been provided with a copy of 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Date | | | | | | | | |
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