

MAIN LINE HOSPITALS INSTITUTIONAL REVIEW BOARD
CONFLICT OF INTEREST DISCLOSURE FORM FOR RESEARCHERS AND RESEARCH STAFF

MLH IRB Study Number:

PI Name:

Abbreviated Title:

Main Line Hospitals Institutional Review Board (MLH IRB) promotes objectivity in research by ensuring researchers' and research staff's financial conflicts of interest or even the appearance of conflicts of interest are managed, minimized or eliminated when appropriate. The MLH IRB ensures an existing financial conflict of interest does not adversely affect the protection of participants or the integrity of the research.

Financial Interests which must be disclosed: Means any personal, professional, financial or ownership interest or other beneficial interest in the research, sponsor, product or service being tested or held by the researchers or researcher staff including immediate family (spouse and dependent children). Indicate if you and your immediate family have any of the following interests in the research, a sponsor, product or service being tested, in the preceding 12 months:

1. Ownership or interest of any value including but not limited to stocks and options (exclusive of interests in a publicly traded, diversified mutual funds) in the preceding 12 months. ** If Yes, explain and include specific dollar amounts of all financial arrangements, if applicable* YES* NO
2. Compensation of any value including but not limited to salary, honoraria, paid authorship, consultant fees, royalties, equity or other income in the preceding 12 months. ** If Yes, explain and include specific dollar amounts of all financial arrangements, if applicable* YES* NO
3. Proprietary interest of any value including but not limited to, patents, trademarks, copyrights, licensing agreements or other intellectual property rights and interests in the preceding 12 months. ** If Yes, explain and include specific dollar amounts of all financial arrangements, if applicable* YES* NO
4. Per subject or other recruitment bonuses paid in addition to the negotiated research budget. **If Yes, explain and include specific dollar amounts of all financial arrangements, if applicable* YES* NO
5. A financial interest or compensation of any value which will be affected by the outcome of the research. ** If Yes, explain and include specific dollar amounts of all financial arrangements, if applicable* YES* NO
6. Serves or has ever served as a board member, executive, employee, consultant, advisor or speaker. ** If Yes, explain and include specific dollar amounts of all financial arrangements, if applicable* YES* NO
7. Any other interest or potential interest that may conflict with your duties in the research and may affect a subject's voluntary and informed choice to participate in the research. ** If Yes, explain and include specific dollar amounts of all financial arrangements, if applicable* YES* NO
8. Any other personal or professional interest related to the research, sponsor, product or service being tested. ** If Yes, explain and include specific dollar amounts of all financial arrangements, if applicable* YES* NO

Certification: I certify that:

Information provided above and on attached sheets is, to the best of my knowledge, accurate.

I will provide an updated form **within 30 days of changes** in financial circumstances which relate in any way to disclosures made on this form.

I will complete a Conflict of Interest Disclosure Form at least annually at time of Continuing Review submission for all active human subjects research protocols for which I am involved.

I will complete required training related to financial conflict of interest at least every four years.

Printed Name

Signature

Date