

Public Health Solutions Conflict of Interest and Disclosure for Researchers

Definition of Interests in Research

Significant Financial Interests in Research of the researcher (and his or her family members¹) include anything of monetary value related to the research project being reviewed by the IRB, including but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); intellectual property rights (e.g., patents, copyrights and royalties from such rights); and service as an officer, director, or in any other fiduciary role for a financially interested company, whether or not remuneration is received for such service.

The term does not include:

1. Salary, royalties or other remuneration from the applicant institution or a government entity;
2. Other salary, royalties or other payments that when aggregated for the researcher and the researcher's family members over the next twelve months, are not expected to exceed \$5,000;
3. Income from seminars, lectures or teaching engagements sponsored by government or nonprofit entities;
4. Income from service on advisory committees or review panels for government or nonprofit entities; and
5. An equity interest that (a) when aggregated for the researcher and the researcher's family members does not exceed \$5,000 in value as determined through reference to public prices or other reasonable measures of fair market value and does not represent more than a five percent ownership interest in any single entity *or* (b) is in a publicly traded, diversified mutual fund.

¹ Your family includes your spouse or domestic partner; your dependent children; your grown children, grandchildren, parents and grandparents (but only for those financial interests that are known to you); and any trust, organization or enterprise over which you, alone or together with your family, exercise a controlling or significant interest.

Researcher Conflict of Interest Statement:

To the best of your knowledge:

1. Do you, or any members of your family have a significant financial interest in any non-governmental entity (other than Public Health Solutions) that may appear to affect or be affected by the conduct or outcome of the research project being reviewed by the IRB?

_____ YES _____ NO

2. Do you, or any members of your family hold an outside position (i.e., an appointment to serve in a paid or unpaid position) as a member of the board of directors, trustee, executive, officer or employee or member of the advisory board of a non-governmental entity (other than Public Health Solutions) that may appear to affect or be affected by the conduct or outcome of, the research project being reviewed by the IRB?

_____ YES _____ NO

3. Have you, or any members of your family, assigned any student, postdoctoral fellow or other trainee, officer, support staff or other individual to a project sponsored by the entity that is sponsoring the research project being reviewed by the IRB?

_____ YES _____ NO

4. Have you, or any members of your family, received within the past calendar year, or do you, or any members of your family, expect to receive in this or the next calendar year, any consulting, royalty income or significant financial interest or paid or reimbursed travel, from the research sponsor or other entity that may appear to affect or be affected by the conduct or outcome of the research project being reviewed by the IRB?

_____ YES _____ NO

5. Do you, or any members of your family, have any intellectual property rights related to or covering products or processes being used in the research project?

_____ YES _____ NO

If you have answered in the affirmative to any of the above questions, please describe the circumstances below. If necessary, you may attach additional pages:

If I have answered affirmatively to any of the above questions, I understand that I may have a conflict of interest and, according to Public Health Solutions IRB Policies, the IRB may require additional protections for human subjects, more oversight, my participation in or disapprove the research under review.

I agree to answer any questions the IRB may have with respect to any actual or potential conflict of interest. I understand that all such information will be held in confidence by the IRB unless required by law or regulations, or if the best interests of Public Health Solutions dictate otherwise. I also understand that if I become aware of any situation that arises that in any way contradicts the above statements or that would cause a conflict interest, real or potential, as described in the IRB Statement of Policies and Procedures, I will immediately notify the IRB Chair and make full disclosure of any conflict, real or potential. I understand that all such information will be held in confidence by the IRB unless required by law or regulations, or if the best interests of Public Health Solutions dictate otherwise.

Date

Researcher Name

Signature