



Research Financial Conflicts of Interest Disclosure Form

At initial IRB Review, please assure that all entries are complete and submit Electronically to <https://www.irbnet.org>

Yearly disclosures or a change in disclosure should be emailed to the Director of Research Administration

For assistance, you may contact the Director of Research Administration

FINANCIAL DISCLOSURE INTRUCTIONS

For purposes of this Financial Disclosure form, the following definitions apply:

Covered Individual (CI):

1. Any employee, contractor or medical staff member of a Sheppard Pratt Entity who has the authority to make independent decisions related to the design, conduct, or reporting of a Sheppard Pratt research project, but not including individuals who perform only incidental or isolated tasks, related to the project. Examples of a CI include a principal investigator, sub-investigator, research nurse, associate, personnel whose resume is provided to a sponsor, personnel listed on study budgets or on an FDA 1572 Form, or individuals who are likely to be authors on publications of research findings;
2. Members of a Sheppard Pratt research review-related committee (e.g., IRB members, Local Research Review Committee members, Privacy Board members, Data Safety Monitoring Board members for investigator-initiated studies and/or members of other research review committees); or
3. Staff who negotiate or execute research agreements on behalf of Sheppard Pratt.

Covered Family Member: An individual who is the spouse or dependent child of a CI.

Significant Financial Interest (SFI): A financial interest consisting of one or more of the following interests of a CI or Covered Family Member that reasonably appears to be related to the CI's Institutional Responsibilities:

1. Publicly Traded Entity
 - a) The value of stock or other equity interest in a publicly traded company that, in aggregate, exceeds \$5,000 as of the date of disclosure and represents more than a five percent ownership interest in any single entity
 - b) Income from a publicly traded company that, in aggregate, exceeds \$5,000 in the 12 months preceding disclosure (includes salary and payment for other services, e.g. consulting fees, honoraria [payment granted in recognition of a special service or distinguished achievement, such as for a presentation or lecture on behalf of a sponsor or company that may or may not be related to a project], paid authorship)
2. Non-Publicly Traded Entity
 - a) Any stock or other equity/ownership interest of any value
 - b) Income from a private company that, when aggregated, exceeds \$5,000 in the 12 months preceding disclosure (includes salary and payment for other services, e.g. consulting fees, honoraria, paid authorship)
3. Intellectual Property Rights and Interest
 - a) Income related to intellectual property rights or interests that exceeds \$5,000 (e.g., patents, copyrights and royalties from such rights)
4. Travel
 - a) Reimbursed travel that exceeds \$1,500 in the 12 months preceding disclosure related to their institutional responsibilities
 - b) Sponsored travel estimated as exceeding \$1,500 (i.e., that which is paid on behalf of the CI and not reimbursed to the CI so that the exact monetary value may not be readily available) in the 12 months preceding disclosure, related to their institutional responsibilities The following information must be provided for all applicable reimbursed or sponsored travel:
 - (1) Purpose of the trip
 - (2) Identity of the sponsor/organizer
 - (3) Destination of the trip
 - (4) Duration of the trip
 - (5) Estimate of the monetary value
5. Gifts
 - a) The value and source of a single gift that exceeds \$250 in value, or multiple gifts from a single entity that in aggregate exceed \$250 in value, received in the 12 months preceding disclosure
6. Fiduciary Positions
 - a) A fiduciary position (e.g. member, officer, director, committee member) held in a for-profit or nonprofit entity in the 12 months preceding disclosure, for which the individual received any form of remuneration or reimbursement for expenses exceeding \$5,000
7. Other
 - a) Any other financial interest that the CI or the COI Official believes conflicts with the CI's ability to protect research subjects

Financial Conflict of Interest (FCOI): An SFI that could directly and significantly affect the design, conduct, or reporting of research.



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THIS SUBMITTAL IS FOR: NEW DISCLOSURE ANNUAL DISCLOSURE UPDATED DISCLOSURE

DATE:

PROTOCOL TITLE:

PROTOCOL NUMBER (IF APPLICABLE):

INVESTIGATOR'S NAME

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:	SUFFIX:
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PRINCIPAL INVESTIGATOR'S NAME (IF DIFFERENT FROM INVESTIGATOR) N/A

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:	SUFFIX:
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INSTITUTIONAL RESPONSIBILITIES

Please indicate *all* of your current Sheppard Pratt **Institutional Responsibilities** (check all that apply):

- Research**
- Research Consultation Teaching**
- Professional Practice**
- Institutional Committee/Panel Membership (such as IRB, FCOI-R, DSMB) Other - Please specify by adding a comment:**

SIGNIFICANT FINANCIAL INTEREST

To your knowledge, do you or a Covered Family Member own stock or other equity interest in a **Publicly Traded Entity** related to your **Institutional Responsibilities¹** that, in aggregate, exceeds \$5,000? (Equity does NOT include income from investment vehicles such as mutual funds and retirement accounts as long as the CI or Family Member does not directly control the investment decisions made in these vehicles).

- NO**
- YES *^ If Yes, please complete SFI Disclosure Form [A-1].***

To your knowledge, have you or a Covered Family Member earned income in the last 12 months from a **Publicly Traded Entity** related to your **Institutional Responsibilities¹** that, in aggregate, exceeds \$5,000?

- NO**
- YES *^ If Yes, please complete SFI Disclosure Form [A-2].***

To your knowledge, do you or a Covered Family Member own stock or other equity interest in a **Non- Publicly Traded Entity** related to your **Institutional Responsibilities¹**? (Any stock or other equity/ownership interest of any value).

- NO**
- YES *^ If Yes, please complete SFI Disclosure Form [B-1].***

To your knowledge, have you or a Covered Family Member earned income in the last 12 months from a **Non-Publicly Traded Entity** related to your **Institutional Responsibilities¹** that, in aggregate, exceeds \$5,000?

- NO**
- YES *^ If Yes, please complete SFI Disclosure Form [B-2].***

¹ **Pharmaceutical/biotechnology companies, device/medical equipment manufacturers, or other healthcare suppliers are examples of entities related to Sheppard Pratt Research Institutional Responsibilities.**



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<p>To your knowledge, do you or any Covered Family Member receive income, have patent ownership, or have any other Intellectual Property agreements, (e.g., copyrights and royalties from such rights) with a Publicly Traded Entity or a Non-Publicly Traded Entity related to your Institutional Responsibilities¹ that in aggregate, exceeds \$5,000? (This does not include royalties or other remuneration paid by a Sheppard Pratt entity to the CI if the CI is employed or otherwise appointed by the Sheppard Pratt entity, including intellectual property rights assigned to the Sheppard Pratt entity and agreements to share royalties related to such rights).</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>*If Yes, please complete SFI Disclosure Form [C].</i></p>
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<p>To your knowledge, have you or a Covered Family Member been reimbursed for Travel or received sponsored Travel by a Publicly Traded Entity or a Non-Publicly Traded Entity related to your Institutional Responsibilities¹ that in aggregate exceeds \$1,500?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>*If Yes, please complete SFI Disclosure Form [D] and provide explanation.</i></p>
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<p>To your knowledge, have you or a Covered Family Member received a single Gift that exceeds \$250 in value, or multiple Gifts that, in aggregate, exceeds \$250 in value from a single Publicly Traded Entity or a Non-Publicly Traded Entity related to your Institutional Responsibilities¹?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>*If Yes, please complete SFI Disclosure Form [E] and provide explanation.</i></p>
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<p>To your knowledge, have you or a Covered Family Member held a Fiduciary Position (e.g., member, officer, director, committee member, etc.) in a for-profit or nonprofit entity (e.g., pharmaceutical/biotechnology company, device/medical equipment manufacturer, or other healthcare supplier) for which the individual received any form of remuneration or reimbursement for expenses that in aggregate exceeds \$5,000?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>*If Yes, please complete SFI Disclosure Form [F].</i></p>
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<p>To your knowledge, do you or a Covered Family Member have any other Financial Interests that potentially conflict with the protection of human research subjects?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <i>*If Yes, please complete SFI Disclosure Form [G].</i></p>
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COVERED INDIVIDUAL STATEMENT

<p>By submitting this form, I confirm:</p> <ul style="list-style-type: none"> I have reviewed and understand the Sheppard Pratt FCOI policy The information on this form is complete and accurate to the best of my knowledge. I will disclose changes to my Institutional Responsibilities within 30 days of occurrence. I will disclose additional SFIs or changes to previously reported SFIs within 30 days of occurrence. 	
<p>Covered Individual Signature: _____</p>	<p>Date: _____</p>

If you answered "no" to all the questions above, take one of the following actions:

- *If this is a NEW DISCLOSURE, submit your completed form in IRBNet with your IRB Submission*
- *If this is an ANNUAL or UPDATED DISCLOSURE send to the Director of Research Administration*

If you answered "yes" to any of the questions above, please complete the appropriate form below and take one of the following options listed above.

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FORM A-1 EQUITY INTERESTS IN A PUBLICLY TRADED ENTITY

Covered Individual or Family Member

The SFI(s) on this form pertain to (select one from the following):

- Covered Individual
- Spouse:
- Child:

Use this form to disclose **equity interests in any Publicly Traded** entity related to your Institutional Responsibilities¹ that in aggregate, exceeds \$5,000 as of the date of disclosure and/or represents more than a five percent ownership interest in any single entity.

Name of Publicly Traded Entity	Nature of Public Equity Interest	Total Value of Public Equity Interest
	<input type="checkbox"/> Warrants <input type="checkbox"/> Stock <input type="checkbox"/> Stock Options <input type="checkbox"/> Other:	\$
	<input type="checkbox"/> Warrants <input type="checkbox"/> Stock <input type="checkbox"/> Stock Options <input type="checkbox"/> Other:	\$
	<input type="checkbox"/> Warrants <input type="checkbox"/> Stock <input type="checkbox"/> Stock Options <input type="checkbox"/> Other:	\$
	<input type="checkbox"/> Warrants <input type="checkbox"/> Stock <input type="checkbox"/> Stock Options <input type="checkbox"/> Other:	\$

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FORM A-2 INCOME (PUBLICLY TRADED ENTITIES)

Covered Individual or Family Member

The SFI(s) on this form pertain to (select one from the following):

- Covered Individual
- Spouse:
- Child:

Use this form to disclose **income from any Publicly Traded** entity related to your Institutional Responsibilities¹ that in aggregate, exceeds \$5,000 in the last 12 months.

Name of Publicly Traded Entity	Nature of Publicly Traded Income	Please provide the total value of the income received from the Publicly Traded Entity over the PAST 12 months.	Please provide the total value of the income expected from the Publicly Traded Entity over the NEXT 12 months.
	<input type="checkbox"/> Consulting <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Authorship <input type="checkbox"/> Other:	\$	\$
	<input type="checkbox"/> Consulting <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Authorship <input type="checkbox"/> Other:	\$	\$
	<input type="checkbox"/> Consulting <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Authorship <input type="checkbox"/> Other:	\$	\$
	<input type="checkbox"/> Consulting <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Authorship <input type="checkbox"/> Other:	\$	\$

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FORM B-1 EQUITY INTERESTS (NON-PUBLICLY TRADED ENTITIES)

Covered Individual or Family Member

The SFI(s) on this form pertain to (select one from the following):

- Covered Individual
- Spouse:
- Child:

Use this form to disclose *equity interests in any Non-Publicly Traded* entity of any value related to your Institutional Responsibilities¹.

Name of Non-Publicly Traded Entity	Nature of Non-Publicly Traded Equity	Total Value of Non-Publicly Traded Equity Interest
	<input type="checkbox"/> Warrants <input type="checkbox"/> Stock <input type="checkbox"/> Stock Options <input type="checkbox"/> Partnership <input type="checkbox"/> Other:	\$
	<input type="checkbox"/> Warrants <input type="checkbox"/> Stock <input type="checkbox"/> Stock Options <input type="checkbox"/> Partnership <input type="checkbox"/> Other:	\$
	<input type="checkbox"/> Warrants <input type="checkbox"/> Stock <input type="checkbox"/> Stock Options <input type="checkbox"/> Partnership <input type="checkbox"/> Other:	\$

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FORM B-2 INCOME (NON-PUBLICLY TRADED ENTITIES)

Covered Individual or Family Member

The SFI(s) on this form pertain to (select one from the following):

- Covered Individual
- Spouse:
- Child:

Use this form to disclose **income from any Non-Publicly Traded** entity related to your Institutional Responsibilities¹ that in aggregate, exceeds \$5,000 in the last 12 months.

Name of Non-Publicly Traded Entity	Nature of Non-Publicly Traded Income	Please provide the total value of the income <i>received</i> from the Non-Publicly Traded Entity over the <i>PAST</i> 12 months.	Please provide the total value of the income <i>expected</i> from the Non-Publicly Traded Entity over the <i>NEXT</i> 12 months.
	<input type="checkbox"/> Consulting <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Authorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other:	\$	\$
	<input type="checkbox"/> Consulting <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Authorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other:	\$	\$
	<input type="checkbox"/> Consulting <input type="checkbox"/> Honoraria <input type="checkbox"/> Paid Authorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other:	\$	\$

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FORM C INTELLECTUAL PROPERTY RIGHTS AND INTEREST

Covered Individual or Family Member

The SFI(s) on this form pertain to (select one from the following):

- Covered Individual
- Spouse:
- Child:

Use this form to disclose patent ownership or income received and/or expected, from ***Intellectual Property Rights and Interest in any Publicly Traded or Non-Publicly Traded*** entity related to your Institutional Responsibilities¹ that in aggregate, exceeds \$5,000 (e.g., patents, copyrights and royalties from such rights).

Company	Total Income <i>Received</i> Over <i>PAST</i> 12 months	Total Income <i>Expected</i> Over <i>NEXT</i> 12 months	Is the intellectual property under study in your research at Sheppard Pratt?
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Pharmaceutical/biotechnology companies, device/medical equipment manufacturers, or other healthcare suppliers are examples of entities related to Sheppard Pratt Research Institutional Responsibilities.



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FORM D SPONSORED TRAVEL/REIMBURSEMENT

Covered Individual or Family Member

The SFI(s) on this form pertain to (select one from the following):

- Covered Individual
- Spouse:
- Child:

Please disclose new, unreported, or changes to previously reported *Travel sponsorship and/or reimbursement from any pharmaceutical or biotechnology company, device or medical equipment manufacturer, or other healthcare supplier.*

Purpose	Company	Destination	Duration	Sponsorship/ Reimbursement Amount
				\$
				\$
				\$
				\$

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FORM E GIFTS EXCEEDING \$250.00

Covered Individual or Family Member

The SFI(s) on this form pertain to (select one from the following):

- Covered Individual
- Spouse:
- Child:

Please disclose new, unreported, or changes to previously reported ***Gifts that in aggregate exceed \$250 in value from any pharmaceutical or biotechnology company, device or medical equipment manufacturer, or other healthcare suppliers.***

Company	Description of Gift	Value
		\$
		\$
		\$
		\$
		\$

¹ Pharmaceutical/biotechnology companies, device/medical equipment manufacturers, or other healthcare suppliers are examples of entities related to Sheppard Pratt Research Institutional Responsibilities.



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FORM F FIDUCIARY POSITIONS

Covered Individual or Family Member

The SFI(s) on this form pertain to (select one from the following):

- Covered Individual
- Spouse:
- Child:

Please disclose new, unreported, or changes to previously reported *Fiduciary Positions (held by the Covered Individual or Family Member indicated above) in any* pharmaceutical or biotechnology company, device or medical equipment manufacturer, or other healthcare suppliers.

Company	Position Title	Relationship Between Sheppard Pratt Research Operations and Company Position Activities	Total value of the remuneration or reimbursements received in the PAST 12 months for this Fiduciary Position
			\$
			\$
			\$
			\$

¹ Pharmaceutical/biotechnology companies, device/medical equipment manufacturers, or other healthcare suppliers are examples of entities related to Sheppard Pratt Research Institutional Responsibilities.



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FORM G OTHER ACTIVITIES

Covered Individual or Family Member

The SFI(s) on this form pertain to (select one from the following):

- Covered Individual
- Spouse:
- Child:

Other Activities

Please disclose new, unreported, or changes to previously reported *activities (that fall outside of the SFI categories described in Forms A through F) in any* pharmaceutical or biotechnology company, device or medical equipment manufacturer, or other healthcare supplier.

Company	Description of Activity and Relationship with Sheppard Pratt (if any)	Total Compensation <i>Received</i> Over <i>PAST</i> 12 Months	Total Compensation <i>Expected</i> Over <i>NEXT</i> 12 Months	Expected Time Commitment Associated with Other Activity (average % of activity over the year)
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%

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