

Norton Healthcare Office of Research Administration Financial Disclosure Declaration For Those Conducting Research in Norton Healthcare Facilities

- All personnel who are directly involved in research must complete this form each year and answer all questions based on the 12 months preceding disclosure signature date
- All questions must be answered and any yes answer must be explained in the commentary section.
- In accordance with the federal regulations, "You" is defined to include a spouse, each dependent child and partnership interests.
- If the cumulative amounts identified below exceed \$5,000, then a conflict of interest management plan will be required.

Name _____ Employed By _____

Address _____ Title _____

_____ Email _____

_____ Telephone Number _____

YES NO Do you or immediate family members have financial interests/arrangements in any company or business that sponsors your research and could therefore influence the outcome of your research? This should include, for example, compensation to you in the form of an equity interest in a sponsor or a royalty income tied to the sales of a product. If yes, describe below.

YES NO Do you or your immediate family members receive significant payments, non royalty payments or entitlements to payments in connection with your research that are not directly related to the reasonable costs of conducting research? This could include, for example, payments made to you or your institution such as compensation in the form of equipment, retainers for ongoing consultation or honoraria. If yes, please describe below.

YES NO Do you or your immediate family members have a proprietary or financial interest in a test product such as a patent, trademark, copyright or licensing? If yes, please describe below.

YES NO Do you or your immediate family members have a significant equity interest in any sponsor of your research? This would include, for example any salary, consulting fees, honoraria, paid authorship, ownership interest, stock options, or other financial interest whose value cannot be easily determined through reference to public prices, or an equity interest in a publicly traded or non-publically traded company. If yes, describe below.

YES NO Do you or any member of your immediate family occupy any position in a company that sponsors your research? This could include being an officer, director, associate, partner, member or proprietor of a corporation, sole proprietorship, partnership, Limited Liability Company or other business venture that sponsors your research? If yes, describe below.

YES NO Have you received sponsored or reimbursed travel directly from an entity supporting your research? This does not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education. Please include sponsor, what kind of company, who received reimbursement, purpose, approximate value, destination and duration, if yes is checked.

Commentary (additional pages may be attached if necessary) _____

I hereby acknowledge that the above information is complete and accurate. I acknowledge that I have a continuing obligation to promptly update information to the NHORA within 30 days, if, during the year, any changes occur regarding the information provided in this declaration.

Printed Name _____ Title: _____

Signature _____ Date: _____