

Confidential

CONFLICT OF INTEREST DISCLOSURE FORM

Name:	
Position:	
Department:	
Tel:	
Email:	

Please answer the questions below regarding your* affiliation (financial or otherwise) with any commercial entity, included but not limited to, pharmaceutical, biotechnology, medical device, hospital or research equipment/supply industry. *Please note that your interests should also include those of your spouse and/or dependent children.

1. I am a member of the advisory board (or equivalent) of a commercial entity.
 Yes No
2. I am a member of a Speaker's Bureau.
 Yes No
3. I have received any payment(s) or honorarium(a) or travel reimbursement from a commercial entity (i.e. for speaking, consultation, participation in meetings, executive position, gifts, etc.).
 Yes No
4. I have received a grant(s) from a commercial entity.
 Yes No
5. I hold a patent for a product marketed by a commercial entity.
 Yes No
6. I hold investments (excluding diversified mutual funds and managed funds) in a commercial entity.
 Yes No
7. I am currently participating in, or have participated in, an industry sponsored clinical trial within the last two years.
 Yes No
8. I hold individual or joint ownership in a commercial entity, which I acquired by purchase or through the provision of services.
 Yes No
9. I conduct or supervise research not otherwise disclosed in this form that could affect the value of a technology I developed (i.e. compound, drug, device, diagnostic, medical or surgical procedure).
 Yes No

If you answered Yes to any of the above questions, please provide the information for each commercial entity in the table below, to the extent applicable. If unknown, please enter N/A.

Q #	Commercial Entity	Total funding provided/ Received by /from entity	Description*	Ongoing Relationship (Y/N)

*For #3 travel reimbursement, please include the purpose, destination, and duration of the trip.

Does your position involve working with a close relation (e.g.: spouse, child, parent or other member of your family)?

Yes No

Additional information:

I certify that the information I have provided is true and that all of my significant relationships with an entity have been disclosed. I understand that this disclosure must be updated on a yearly basis or as my situation changes.

Signature

Date

Please submit this completed form to OHIRC HR no later than Dec. 31

For Administrative Use Only

Form tracked and filed

Committee Reviewed n/a