VIRTUA HEALTH
CONFLICT OF INTEREST DISCLOSURE FORM

The purpose of this document is to assist in determining whether additional restrictions, oversight, or other conditions might be advisable prior to the IRB's acceptance of a study from an investigator.

Please complete all of the information below and retain a copy of this form for your records.
1. Study Name: Click here to enter text.
2. Protocol Number: Click here to enter text.
3. Investigator:☒ Co-investigator☐ Study Personnel☐
4. Investigator/Co-investigator/Study Personnel Name:
5. Address: Click here to enter text.
6. Telephone: Fax: Click here to enter text.

1. Do you, your spouse and/or dependents, have an ownership interest in the sponsor of the proposed study or in an entity related to the proposed sponsor, consisting of a) stock or stock options with a current market value of more than $5,000 or b) more than 5% equity of the company, in those cases in which a company is not listed on a stock exchange? (Do not report holdings in mutual funds or non self-directed 401K or other retirement plans.) An entity related to the proposed sponsor would include any:
    - Supplier of drugs, equipment, materials or services related to the research,
    - Business commercializing a product that the research is intended to evaluate or further develop, or
    - Party whose financial interests seem to be directly and significantly affected by the research.

The above-described ownership interests must be reported for one year following completion of the study.

NO☐ **YES ☐ *(please describe)** Click here to enter text.

2. Do you, your spouse and/or dependents, receive salary or other remuneration or financial considerations as an employee, consultant, officer, or board member of any entity related to the sponsor of the proposed study? An entity related to the proposed sponsor would include any:
    - Supplier of drugs, equipment, materials or services related to the research,
    - Business commercializing a product that the research is intended to evaluate or further develop, or
    - Party whose financial interests seem to be directly and significantly affected by the research.

NO☐ **YES ☐ * (please describe)** **Click here to enter text.**

3. Are you an employee, officer, or director in the sponsor of the proposed project?

NO☐ **YES ☐ * (please describe)** Click here to enter text.

4. Are you receiving any additional compensation for participation in this study?

NO☐ **YES ☐ * (please describe)** Click here to enter text.

5. Are there any proposed finder's fees, study accrual or other bonuses to be paid to you by the sponsor of the study?

NO☐ **YES ☐ * (please describe)** Click here to enter text.

6. Do you, your spouse or dependents have a patent, trademark, copyright, licensing agreement or other commercial enterprise related to the study?

NO☐ **YES ☐ * (please describe)** Click here to enter text.

I hereby certify that the answers to the above questions are true and accurate and I agree to report immediately, in writing, to the IRB any changes to this Disclosure Form. In signing and submitting this form, I certify that:

- The information provided above is true to the best of my knowledge.
- The information provided above conveys an accurate statement of all financial interests held by me and/or my family member(s) that would reasonably appear to affect or be affected by the proposed research.
- I will update this disclosure during the term of the research study as new reportable significant financial interests are obtained, per the Virtua policy on Research Financial Conflict of Interest (within 30 days of discovering/acquiring a new SFI, and at least annually during the term of the research study).
- I will comply with any conditions or restrictions imposed by Virtua to manage, reduce, or eliminate actual or potential conflicts of interest, or forfeit the award.
- If a financial conflict of interest is identified, a conflict management plan will be fully executed prior to expenditure of any project funds.

Print Name:_____

Signature: _____ Date: Click here to enter a date.

*If Any Yes is checked, please complete Attachment A, as is applicable.
If Any "No" is checked, no need to complete the additional attached forms and just submit to irb@virtua.org.

Attachment A

Virtua

Disclosure Statement for Financial Conflict of Interest in Research

In compliance with Virtua's policy on Research Financial Conflict of Interest, prior to an investigator submitting an application for unfunded or funded research, each investigator must disclose to Virtua all his/her significant financial interests, and those of his/her spouse/domestic partner, and dependent children, that are related to the investigator's institutional responsibilities (see list of definitions at the end of this form).

1. **Name:**

2. **Position:**

3. **Department/Center:**

4. **Email/Phone:**

5. **Institution :**

6. **If you are not a member of Virtua's workforce, who is the Virtua employee who is the Principal Investigator for the study?**

7. **Title of project/proposal:**

8. **Does any of your research involve use of human subjects?** ____ No ____ Yes

9. **This disclosure is an**:
   a. □ Initial disclosure for a new application for a funded or unfunded study
   b. □ Ad hoc update to an existing disclosure
   c. □ Annual update to an existing disclosure

10. **Financial interests:**

A. Only for updates (i.e., 9 b or c) to existing disclosures: There have been no changes since my last disclosure.	Yes □ No □
B. In the twelve months preceding this disclosure, did you, your spouse/domestic partner and/or your dependent children receive remuneration related to your institutional responsibilities from a publicly traded entity? (E.g., salary; payment for services; consulting fees; honoraria; paid authorship; compensation for service on advisory committees or review panels or for providing expert testimony; gifts; gratuities, etc.)	Yes □ No □
C. Do you, your spouse/domestic partner, and/or your dependent children hold any equity interest in a publicly traded entity related to your institutional responsibilities? (E.g., stock, stock option, other ownership interest.)	Yes □ No □
D. If Yes to part B and/or C (above), does the value of the remuneration received in the twelve months preceding this disclosure, aggregated with the value of any equity interest as of the date of this disclosure, exceed $5,000?	Yes □ No □
E. In the twelve months preceding this disclosure, did you, your spouse/domestic partner, and/or your dependent children receive remuneration related to your institutional responsibilities from a non-publicly traded entity, that when aggregated, exceeds $5,000? (E.g., salary; payment for services; consulting fees; honoraria; paid authorship; compensation for service on advisory committees or review panels or for providing expert testimony; gift; gratuities.)	Yes □ No □

F. Do you, your spouse/domestic partner, and/or your dependent children hold any equity interests related to your institutional responsibilities in a non-publicly traded entity? (E.g., stock, stock option, other ownership interest.)	Yes □ No □
G. Have you received income related to intellectual property rights and interests not assigned to Virtua, and/or royalty income other than from Virtua, related to your institutional responsibilities? (E.g., patents, copyrights.)	Yes □ No □
H. In the twelve months preceding this disclosure, did you, your spouse/domestic partner and/or your dependent children engage in travel related to your institutional responsibilities that is paid for on your behalf (and not reimbursed to you so that the exact monetary value may not be readily known) by a sponsoring/ reimbursing entity other than a/an: i. Federal, state, or local government agency, ii. Institution of higher education as defined at 20 U.S.C. 1001(a), iii. Academic teaching hospital, iv. Medical center, or v. Research institute that is affiliated with an institution of higher education?	Yes □ No □

If you answered "Yes" to A, or "No" to B-H:
You have completed this form.
Please sign and date the form and submit as instructed below.

If you answered "Yes" to questions D, E, F, G, or H:

- Sign and date this form;
- Please complete the Disclosure Attachment (following document) providing the requested information for **EACH** applicable entity and sign and date and submit as instructed below.

In signing and submitting this form, I certify that:

- The information provided above is true to the best of my knowledge.
- The information provided above conveys an accurate and current statement of all financial interests held by me and/or my family member(s) that reasonably appear to be related to my institutional responsibilities.
- I will comply with any conditions or restrictions imposed by Virtua to manage, reduce, or eliminate actual or potential conflicts of interest, or forfeit the award.

Print Name: _____

Signature: _____ Date: _____

Virtua
Disclosure Statement for Financial Conflict of Interest in Research
Attachment B ~ Publicly Traded Entities

Please complete this Disclosure Attachment B to further describe a "Yes" answer *for <u>each</u> publicly traded entity* on your Conflict of Interest Form.

- **For each entity, complete the following tables for all that apply for the 12 months preceding this disclosure.**
- **Use the Passive Stock Ownership table for publicly traded companies in which you own stock solely as an outside investor and none of the elements of personal involvement listed in the Other Financial Interests table applies (add lines to the table as necessary).**
- **Use the Other Financial Interests charts to break out details of any interest you may have that involves or results from an active role or relationship with a publicly traded company for which you received direct or indirect remuneration (reproduce the table on the form as necessary).**
- **For any travel by you, your spouse/domestic partner and/or your dependent children related to your institutional responsibilities paid on your behalf (not reimbursed to you) by an entity, please provide the requested information.**

Passive Stock Ownership		
Name of Stock	**Fair Market Value**	**Check to Indicate No Personal Involvement**

Other Financial Interests							
Name of Entity:				**Name of Entity:**			
Type of remuneration	**You**	**Related Party**	**Amount/ Value**		**You**	**Related Party**	**Amount/ Value**
Salary				Salary			
Payment for services				Payment for services			
Consulting fees				Consulting fees			
Paid authorship				Paid authorship			
Service on advisory Committee				Service on advisory committee			
Service on review panel				Service on review panel			
Expert testimony				Expert testimony			
Gifts				Gifts			
Gratuity				Gratuity			
Stocks				Stocks			
Stock options				Stock options			

Other ownership interests				Other ownership interests			
Royalty payments				Royalty payments			
Other (specify):				Other (specify):			
Sponsored Travel:				Sponsored Travel:			
Purpose of trip:				Purpose of trip:			
Destination:				Destination:			
Dates of trip:				Dates of trip:			

Financial Conflict of Interest in Research in -Funded or Unfunded Projects Disclosure Attachment C:~
Non-Publicly Traded Entities

- Please complete this Disclosure Attachment C to further describe a "Yes" answer ***for <u>each</u> non-publicly traded entity*** on your Financial Conflict of Interest in Research Form. Reproduce this form as needed.

1. **What is the name of the external entity in which you, your spouse/domestic partner, and/or dependent children has/have a significant financial interest?**

2. **Briefly describe the primary business of this entity.**

3. **Explain who (you, your spouse/domestic partner, and/or dependent children) holds the financial interest, and describe the role(s) of you, your spouse/domestic partner, and/or dependent children with this entity (e.g., shareholder, director, officer, employee, consultant).**

4. **If applicable, describe the nature of the work that you, your spouse/domestic partner, and/or dependent children perform for this entity.**

5.

□ Less than $5,000 □ More than $5,000 □ Not applicable

6. **Indicate the type of financial interest you, your spouse/domestic partner and/or dependent children has/have regarding this entity (check all applicable items):**
   a. □ Stock, stock option, partnership share or other ownership interest
   i. Please state the fair market value of the ownership interest as of the date of this disclosure: $
   ii. Please state the percentage of ownership interest as of the date of this disclosure: %

   b. □ Intellectual property, such as pending patent applications (including provisional applications), issued patents, trademarks, or copyrights, or royalties received for intellectual property. Do not include information on intellectual property rights and interests assigned to Virtua, nor royalty income received from Virtua. Please describe the intellectual property to which these interests are related, and any associated agreements with Virtua, including licenses.

   c. □ Consulting income from entity
   d. □ Service in an executive position for a business, or compensation for service on boards
   e. □ Salary as an employee
   f. □ Payments for authorship, editing, lectures, teaching, commissioned papers, or expert testimony
   g. □ Gifts, gratuities, favors or anything of monetary value
   h. □ Other financial interest(s) that may affect or be perceived to affect the results of the research activities funded or proposed for funding.

   Please explain items **c** through **h**.

7. **For any travel in the twelve months preceding this disclosure by you, your spouse/ domestic partner and/or your dependent children related to your institutional responsibilities that is paid for on your behalf by this entity (and not reimbursed to you so that the exact monetary value may not be readily known), please provide the following information:**

   1. Purpose of the trip:
   2. Destination of the trip:
   3. Duration of the trip:

8. **Does/will this entity or any of its employees use Virtua space/facilities or equipment on behalf of the entity?** ____ No ____ Yes. **If Yes, describe the resources to be used and indicate whether**

there is a written agreement between Virtua and the entity to manage their use (if yes, please attach a copy of the agreement).

9. **Please describe how the disclosed relationship with this entity relates, or appears to relate, to your Virtua institutional responsibilities.**

10.

In signing and submitting this form, I certify that:

- The information provided above is true to the best of my knowledge.
- The information provided above conveys an accurate and current statement of all financial interests held by me and/or my family member(s) that reasonably appear to be related to my institutional responsibilities.
- I will comply with any conditions or restrictions imposed by Virtua to manage, reduce, or eliminate actual or potential conflicts of interest, or forfeit the award.

Print Name:_____

Signature: _____ Date: _____