

## Financial Disclosure Form

Per 21 CFR 54, §312, and §812, Sponsors are required to maintain complete and accurate records showing any financial interest an investigator may have in any entity providing support to the research. All investigators proposing to do research must complete this form and return it to the UAMS Office of Research Regulatory Affairs (ORRA) prior to beginning a research study conducted under an IND or IDE. Information disclosed to ORRA will be treated confidentially on a strictly need to know basis. The form must be signed by the investigator. It is the responsibility of the investigator to update this information promptly if it should change prior to completion of the study and for up to one year post study closure with IRB.

<b>Name of Investigator:</b>	
<b>IRB Number:</b>	
<b>IND Number:</b>	
<b><i>Please mark the appropriate boxes in <u>BOTH</u> columns of the form. Disclosure information about both the Investigator <u>AND</u> the Spouse and/or Dependent Children <u>MUST</u> be completed.</i></b>	
<p>Do you currently have or have you any time in the past year had any compensation made to you by any entity supporting this research in which the value of the compensation could be affected by the study outcome?</p> <p>             Yourself: <input type="checkbox"/> Yes   <input type="checkbox"/> No                                                  Spouse and/or Dependent Children: <input type="checkbox"/> Yes   <input type="checkbox"/> No           </p>	
<p>Do you currently have or have you at any time in the past year had a proprietary interest in any drug, biologic, or device being used in this research, including, but not limited to, a patent, trademark, copyright, or licensing agreement?</p> <p>             Yourself: <input type="checkbox"/> Yes   <input type="checkbox"/> No                                                  Spouse and/or Dependent Children: <input type="checkbox"/> Yes   <input type="checkbox"/> No           </p>	
<p>Do you currently have or have you at any time in the past year had any equity interest in any pharmaceutical, biologic, or device company that exceeds \$50,000 in value?</p> <p>             Yourself: <input type="checkbox"/> Yes   <input type="checkbox"/> No                                                  Spouse and/or Dependent Children: <input type="checkbox"/> Yes   <input type="checkbox"/> No           </p>	
<p>Do you currently have or have you at any time in the past year had significant payments of other sorts totaling \$25,000 or more from the sponsor of this research to you to support activities exclusive of the costs of conducting research, equipment not directly related to the conduct of the trial, or salary?</p> <p>             Yourself: <input type="checkbox"/> Yes   <input type="checkbox"/> No                                                  Spouse and/or Dependent Children: <input type="checkbox"/> Yes   <input type="checkbox"/> No           </p>	
<p>Is there anything not covered in the above questions that you believe might constitute a potential conflict of interest or create the appearance of being a conflict of interest related to this research?</p> <p>             Yourself: <input type="checkbox"/> Yes   <input type="checkbox"/> No                                                  Spouse and/or Dependent Children: <input type="checkbox"/> Yes   <input type="checkbox"/> No           </p>	

## Detailed Financial Disclosure

If you answered YES to any question on this form, specifically describe the financial interest or affiliation and its relationship to this research project in the space provided here. If the interest consists of money or something else of value that you and/or your spouse and/or dependent children have received or will receive, you must disclose the amount of money or value. If the interest consists of equity that you own, you must provide the current value (if any) of the equity and the percentage of ownership of the company that it represents. You may use the space below or attach an additional sheet if needed.

## Investigator Certification

By signing below, the Investigator hereby certifies that all of the information contained on this form is true and correct to the best of his or her knowledge and that he or she has made reasonable efforts to assure that accurate and complete information has been provided. The Investigator agrees to update this information promptly if it should change prior to completion of the study and to provide updated information one year following IRB closure.

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Investigator Signature

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Date