

FINANCIAL INTEREST IN RESEARCH DISCLOSURE FORM

First Name: _____	Last Name: _____
Life # _____	Department: _____
GCO# _____	PI: _____
Sponsor: _____	

1- Within the last/next 12 months have you or, to the best of your knowledge, any of your immediate family members performed any work for the sponsor or any commercial entity that would appear to be affected by the conduct or outcome of the research?

YES [] **NO** []

If **NO**, please skip this section of the questionnaire and go to **Section 2**.

If **YES**, in what capacity? *Please check below all that apply:*

	You	Immediate Family Member
- Consultant/Advisor	[]	[]
- Employee	[]	[]
- Independent contractor	[]	[]
- Officer – Director	[]	[]
- Fiduciary role	[]	[]
- Other	[]	[]

2- Within the last/next 12 months have **you** or, to the best of your knowledge, any of your immediate family members received compensation of any kind from the sponsor or any commercial entity that would appear to be affected by the conduct or outcome of the research?

YES [] **NO** []

If **NO**, please skip this section of the questionnaire and go to **Section 3**.

If **YES**, *please check below all that apply:*

	You	Immediate Family Member	Amount/value/year
Consulting fees	[]	[]	_____
Honoraria for lectures, papers, teaching	[]	[]	_____
Salaries, Officer/Director's Fees	[]	[]	_____
Gifts / gratuities(>\$250.00)	[]	[]	_____
Compensation for service on advisory board	[]	[]	_____
Royalty payments	[]	[]	_____
Other	[]	[]	_____

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3- Do **you** or, to the best of your knowledge, any member of your immediate family own stocks, stock options or other forms of ownership in the sponsor or any commercial entity that would appear to be affected by the conduct or outcome of the above mentioned research?

YES [] **NO** []

If you answered **NO**, please go to **Section 4**.

If you answered **YES**, *please respond to the following:*

	You	Immediate Family Member	Value / %
Publicly-traded Company			
Ownership			
Stocks	[<input type="checkbox"/>]	[<input type="checkbox"/>]	_____
Stocks Options	[<input type="checkbox"/>]	[<input type="checkbox"/>]	_____
Other forms of ownership	[<input type="checkbox"/>]	[<input type="checkbox"/>]	_____
Non-publicly-traded Company			
Stock	[<input type="checkbox"/>]	[<input type="checkbox"/>]	_____
Stock options	[<input type="checkbox"/>]	[<input type="checkbox"/>]	_____
Other forms of ownership	[<input type="checkbox"/>]	[<input type="checkbox"/>]	_____

4- Are **you** or, to the best of your knowledge, any of your immediate family members named as an inventor in an issued patent or patent application, the value or which would appear to be affected by the conduct or outcome of the research?

YES [] **NO** []

If you answered **NO**, please go to **Section 5**.

If you answered **YES**, who has the ownership of the patent? *Please check below all that apply:*

- [] You
- [] Spouse / domestic partner
- [] Parents
- [] Descendents

Please explain below:

5- I certify that I have read MSMC policy regarding Financial Conflict of Interest in Research. I hereby attest that, with respect to the above research application, the above information is accurate and complete. Any update to this form will be promptly reported.

Signature: _____

Date: _____