



## Centra Health Institutional Review Board Conflicts of Interest Disclosure Form for IRB Members

Name of Member completing this form: \_\_\_\_\_  
(Please Print)

An IRB Member must disclose all potential conflict of interests to the IRB office. If the IRB determines that a conflict exists that could influence research or jeopardize the well-being of research subjects, or influence the IRB member's review of a research project, the IRB may require additional information about the conflict, may require the conflict to be resolved before the IRB member votes on the approval of a research protocol, or may require that due to the conflict, the IRB member should be recused from evaluating protocols that involve the conflict. You should consider your current business and personal relationships within the preceding 12 months, including your affiliations with Centra Health and its subsidiaries, in completing this Conflict of Interest Disclosure Form.

### Definitions:

**Conflict of Interest:** means any situation or circumstance in which an IRB Member or a Related Party has a financial, personal, or other interest (including, but not limited to, an Individual Interest, Financial Interest, or Institutional Interest) which conflicts with, compromises, or has the appearance of conflicting with or compromising the individual's independent judgment and objectively rendering the member incapable of making an unbiased and objective decision regarding the research.

**Financial Interest:** Anything of monetary value received from a financially interested company, including but not limited to: director's fees; consulting fees; honoraria; gifts; other emoluments or "in kind" compensation such as travel and entertainment (including those from a third party if the original source is a financially interested company), for any services not directly related to the reasonable costs of conducting the research as specified in the research agreement; equity interest (*e.g.*, stocks, stock options, convertible notes, other ownership interests); and intellectual property rights (*e.g.*, license fees, current and future royalties from patents and copyrights).

The term "Financial Interest" does not include:

- i. Salary or other remuneration received from [Hospital];
- ii. Holdings in mutual funds;

- iii. De minimus gifts whose aggregate value does not exceed \$100 per annum; or reasonable business expenses, including travel and meals provided in the regular course of business.

**Institutional Interest:** means that the individual is affiliated with an institution and that the interests of the institution either affect or appear to affect institutional processes such as the conduct, review and oversight of human research; for example, ownership in a company that holds a patent to a new drug or device.

**IRB Conflict of Interest Committee:** means an Ad Hoc Committee established by the IRB Chairperson to review all IRB members' conflicts of interest disclosure forms and manage potential conflicts.

**Related Party:** IRB member's spouse, domestic partner, or dependent children, siblings, parents, or equivalents by marriage, or other individuals residing in the IRB member's household.

Yes  No Do you or any Related Party have a "Financial Interest" or "Institutional Interest" in either a public or private company whose drug, procedure, technique, device or product is used or tested in human subject research at Centra Health or with any company making a competing product?

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Yes  No Have you or any Related Party received support or gifts (whether in dollars or in kind) from a pharmaceutical manufacturing, research, or distribution company which could be affected by conduct or outcome of a research project at Centra Health?

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Yes  No Have you or any Related Party (i) served on a board of directors or advisory board; (ii) held an executive position; (iii) served as a consultant to; (iv) served on the speaker bureau; or (v) owned any stock, stock options or other forms of ownership in a company that could be affected by the conduct or outcome of research at Centra Health?

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Yes  No Are you affiliated with Centra Health? Affiliation includes Related Party who is affiliated with Centra Health.

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Yes  No Have you (i) been involved in the design, conduct or reporting of clinical research trials at Centra Health; (ii) participated in funded or unfunded research at Centra Health; or (iii) participated in technology, process, or product development related to human subject research activities in which the value of your compensation could be affected by the study outcome?

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Yes  No Do you have any other interest that may appear to conflict with the protection of human research subjects or which may involve a potential or actual research protocol at Centra Health?

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Your signature below is your representation that the information provided above and on attached sheets is, to the best of your knowledge, accurate.** You must advise the Chairman of the IRB Board promptly of any subsequent circumstances which arise and which may come within scope or spirit of the Conflict of Interest Disclosure Statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Typing my name on the line above constitutes an electronic signature.