



Financial Conflict of Interest Disclosure Statement

Name:

Title:

Affiliation: CHS CIRB CH SCH SMMC Other:

Email:

Phone:

Reason for Disclosure: Annual Disclosure Change in Significant Financial Interest

Instructions: This form is to be completed in connection with the CHS CIRB policy, IRB 2, Conflict of Interest in Research, by all Key Personnel who are involved in the review, design, analysis, and conduct or reporting of the results of research in which the Community Healthcare System is engaged. Complete your answers based on the prior twelve (12) months.

The CHS CIRB will protect the confidentiality of private investments and personal finances and will request information related only to financial relationships that might influence the objectivity of the research being conducted within the Community Healthcare System.

Your answer to the questions does not imply that any financial interest you disclose is improper or impermissible. However, failure to report a financial interest or furnishing false, misleading or incomplete information may constitute professional misconduct and could be cause for disciplinary action.

Return the completed form to the CHS CIRB office located at Community Hospital, 901 MacArthur Blvd., Munster, IN, 46321. You may call the office with any questions at 219-836-6862.

1. Do you have any equity interest (e.g., stocks, stock options, or other ownership interests) in any entity providing funds for your research?

You: Yes No

Your Family: Yes No

If yes, is the amount of equity interest less than \$5,000.00? Yes No

If no, provide a detailed description of equity interest for **each entity**:

Name of entity providing funds for research	Ownership Interest	Stocks	Stock Options	Intellectual Property (patent, copyrights, royalties)	Other forms of ownership List:	Publicly traded (P) or Not (NP)	Related to a PHS Funded Study Y or N
1.	\$	\$	\$	\$	\$		
2.	\$	\$	\$	\$	\$		
3.	\$	\$	\$	\$	\$		
4.	\$	\$	\$	\$	\$		

2. Do you receive any compensation for services (e.g., consulting fees, honoraria, gifts, stipends and/or in kind compensation) from any entity providing funds for your research?

You: Yes No

Your Family: Yes No

The threshold for reporting any compensation is \$0. Provide a detailed description of compensation for **each entity**:

Name of entity providing funds for research	Consulting Fees	Honoraria/ Stipends	Salary or Directors Fees	Gifts/ Gratuities	Advisory Board Fees	Sponsored Travel	Publicly traded (P) or Not (NP)	Related to a PHS Funded Study Y or N
1.	\$	\$	\$	\$	\$	\$		
2.	\$	\$	\$	\$	\$	\$		
3.	\$	\$	\$	\$	\$	\$		
4.	\$	\$	\$	\$	\$	\$		

NOTE: Disclosure of Sponsored Travel must include the purpose of the trip, the identity of the sponsor/organizer, the destination and the duration. Additional documentation should be attached to the Disclosure Form.

3. Do you receive any compensation for services (e.g., consulting fees, honoraria, gifts, stipends and/or in kind compensation) from any entity that has a product or class of products that may be related to your institutional responsibilities or that you utilize during the provision of patient care?

You: Yes No

Your Family: Yes No

The threshold for reporting any compensation is \$0. Provide a detailed description of compensation for **each entity**.

Name of entity providing compensation	Consulting Fees	Honoraria/ Stipends	Salary or Directors Fees	Gifts/ Gratuities	Advisory Board Fees	Sponsored Travel	Product or Class of Products
1.	\$	\$	\$	\$	\$	\$	
2.	\$	\$	\$	\$	\$	\$	
3.	\$	\$	\$	\$	\$	\$	
4.	\$	\$	\$	\$	\$	\$	

4. Is there anything not covered in the disclosure statement that you believe might constitute a conflict of interest or creates the appearance of a conflict of interest related to your research?

You: Yes No

Your Family: Yes No

If yes, provide an explanation:

Certification

I certify that the above information is true and correct and that I have made all reasonable efforts to furnish accurate and complete information. I will submit a revised Conflict of Interest Disclosure Statement to the CHS CIRB within 30 days of discovering or acquiring a new significant financial interest.

For PHS Funded Studies: I have completed the FCOI On-Line Training Tutorial presented by the NIH Office of Extramural Research and have attached the Certificate of Completion. ([HTTP://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm](http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm))

Signature

Date

Printed Name

Definitions

Institutional responsibilities: Key Personnel's professional responsibilities on behalf of the institution, and as defined by the institution in its policy on financial conflicts of interest, which may include for example: activities such as research, research consultation, teaching professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.

Key Personnel: members of the CHS CIRB, investigators, an investigator's immediate family; spouse, dependent children, a qualified domestic partner, and senior/key personnel.

PHS funded studies: Studies that receive research funding from PHS Awarding Components, including the National Institutes of Health for grants, cooperative agreements, and research contracts

Significant financial interest: Does not include:

1. Salaries, royalties, or other remuneration paid by the Institution to the Key Personnel if the Key Personnel is currently employed or otherwise appointed by the Institution and is directly related to their Institutional responsibilities;
2. Intellectual property rights assigned to the Institution and agreements to share in royalties related to such rights;
3. Income from investment vehicles, such as mutual funds and retirement accounts, as long as the Key Personnel does not directly control the investment decisions made in these vehicles;
4. Income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, a qualifying institution of higher education, an academic teaching hospital, a medical center or a research institute that is affiliated with a qualifying institution of higher education; or
5. Income from service on advisory committees or review panels for a federal, state, or local government agency, a qualifying institution of higher education, an academic qualifying institution of higher education.

**For Internal Use Only
Review/Action**

Reviewer: _____ **Date:** _____

Reviewer: _____ **Date:** _____

- No conflict of interest exists.
- Forward to Vice President of Corporate Compliance for further review.
- Conflict of interest exists and approval of this research project is denied.
- Conflict of interest exists but is minimal (less than \$5,000 per year) and no management is recommended.
- Conflict of interest exists. Following conditions are imposed for management of the conflict.

Proposed Management Plan