☐ Community Hospital ☐ St. Catherine Hospital ☐ St. Mary Medical Center

Financial Interest Disclosure Addendum

I, _____, Principal Investigator (or in aggregate with my spouse, dependents, or members of my household), involved in the _____ Study ("Study") have a financial interest in the Study. I possess the following financial interest:

☐ An equity interest in the entity that is sponsoring this Study or the technology being evaluated.

☐ Receive a salary, royalty or other payments from the entity that is sponsoring this research or technology being evaluated.

☐ Possess a license agreement with the Community Healthcare System or an external entity that would entitle sharing the current or future commercial proceeds of the technology being evaluated.

Patient Acknowledgement

I have read all the above, asked questions, and received answers concerning areas I did not understand. I understand that _____, the Principal Investigator of the Study, has a financial interest in the Study. I acknowledge that it is my choice to participate or continue to participate in the Study after _____, the Principal Investigator has disclosed this financial interest to me.

_____

Signature of Participant Date

_____

Printed Name of Participant

_____

Signature of Legally Authorized Representative Date

_____

Printed Name of Legally Authorized Representative Relationship to Participant