**Headquarters, US Army Medical Research and Development Command Institutional Review Board**

**Conflict of Interest Disclosure Form**

All research personnel who have direct contact with subjects or their identifiable data or specimens must complete this form to disclose to the IRB any interests—financial or otherwise—that **could affect or appear to affect the proposed research** involving human subjects identified below.

Tab through the form to provide requested information and identify all financial interests with the research sponsor, other financial interests, and non-financial interests that may reasonably appear to affect or be affected by the research.

Name and title/rank:

Institution and role in the protocol:

Title of research protocol:

Research sponsor(s):

**1. Potential Conflicts of Interest** **Related to Research.**

 a. Do you have any personal or professional relationships or activities related to this research protocol that may be perceived to present a conflict? (Consider your chain of command, hierarchical, or supervisory roles that may present a conflict) [ ] Yes [ ] No

 b. Do you or any of your immediate family (spouse, dependent children, or domestic partner) have consulting arrangements, management responsibilities or equity holdings in the research sponsor, vendor(s), provider(s) of goods or subcontractor(s)? [ ] Yes [ ] No

 c. Do you or any of your immediate family have any financial relationship with the research sponsor, including receipt of grants, honoraria, income, stock or stock options (not including mutual funds) as payment? [ ] Yes [ ] No

 d. Are you or any of your immediate family a member of an advisory board or have an academic appointment with the research sponsor? [ ] Yes [ ] No

 e. Do you receive gift funds from the research sponsor? [ ] Yes [ ] No

 f. Do you or any of your immediate family have an ownership or royalty interest in any intellectual property (e.g., patents, copyrights, licensing agreements) related to this protocol? [ ] Yes [ ] No

**2. If all answers are NO,** certify and sign/date below.

I certify that I have no conflicts of interest that may reasonably appear to affect or be affected by the research.

**Printed Name Signature Date**

**3. If the answer to any of the above is YES,** please complete a and b and sign below.

 a. Provide the name of the institution with which you have an interest, the nature of the interest (e.g., personal or professional relationships, salary, equity, intellectual property rights), and a description of the interest including the approximate value.

 b. Describe a mitigation plan for each conflict, as appropriate.

**Printed Name Signature Date**