**Financial Disclosure Report**

**Financial Conflict of Interest Disclosure Statement**

This form is to be completed in connection with the Saint Luke’s Health System Policy on Financial Conflict of Interest in Research, ADM 015 by all key personnel who are involved in the review, design, analysis, conduct and/or reporting of research in which an entity of Saint Luke’s Health System is engaged or is reviewed by the Saint Luke’s Hospital Institutional Review Board. Answers should be completed **based on the 12 months prior to form completion**.

Should you have questions about the form, you may contact:

IRB@saint-lukes.org

The Saint Luke’s Hospital Institutional Review Board, Central Office of Research Administration and Financial Conflict of Interest Committee 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 research being conducted.

Your answer(s) to the questions do 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.

**You must fill out a separate form for each company in which you have a financial interest and update each form as changes occur.**

**Name (printed)**

 **Last Name** **First Name**

**Please Initial Each Response**

I have no financial interests to disclose. Initial to indicate no financial interests

**(If you have no financial interests, STOP – Skip the remaining questions and sign this form at the end (on p. 2).**

I participate in Public Health Service (PHS) funded research (e.g., NIH, NHLBI) \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_No

**I am disclosing interest for (name of company):**

1. Research or clinical services performed for this company generates personal income

 paid directly to me or a member of my immediate family. \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_No

 If yes, please provide amount of income within the last year. $

1. I or a member of my immediate family receive(s) personal income for consulting or other services

 (including CME) for this company. \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_No

 If yes, please provide amount of income within the last year. $

1. I or a member of my immediate family receive(s) personal income for other non-CME services

 (e.g. advisory services) for this company. \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_No

 If yes, please provide amount of income within the last year. $

1. I or a member of my immediate family receive(s) personal royalties from this company.

 \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_No

 If yes, please provide amount of income within the last year. $

1. I or a member of my immediate family has equity in this company, \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_No

 If yes, please provide amount of equity held. $ or %

1. Within the last 12 months, I have or a member of my immediate family has been

 reimbursed by this company for travel in connection with professional duties. \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_No

 If yes,

 Duration of travel:

 To what location:

 Purpose of travel:

 Amount of reimbursement:

**In relation to the Company above, please note the following section on Financially Interested Company:**

**Financially Interested Company:** SLHS policy requires that you report any compensation that you receive or Equity or Proprietary Interests that you have in a Financially Interested Company (i.e., the manufacturer of a product that is the subject of your Research project(s), its agent, or a company that is a direct and primary competitor to the manufacturer of the product) even if you purchased the Equity interest. The policy also requires that you disclose whether you hold a fiduciary position with a Financially Interested Company even if the position is unpaid.

**Please answer the following questions:**

I receive compensation from or hold an Equity or Proprietary Interest in a Financially Interested Company.

 \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_No

I hold a fiduciary position (director or officer) in a Financially Interested Company.

 \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_No

My signature on this form signifies that I have read and understand the Saint Luke’s Health System Policy on Financial Conflict of Interest in Research, ADM 015 and that my questions have been answered to my satisfaction.

Signature Date