|  |  |
| --- | --- |
| **1. Individual Declaring a Protocol Related Conflict of Interest** | |
| First name, Last name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2. Information about the external entity**: | | | | | |
| **Name of the External Entity**  **(e.g., drug or device manufacturer)** |  | | | | |
| **What is the entity’s relationship to the research?** | | | | | |
| **a)** The entity is the sponsor of this research project. | |  | Yes |  | No |
| **b)** The entity is the manufacturer of an item (drug, device, program, method, etc.) being evaluated in this research project. | |  | Yes |  | No |
| **c)** The entity is a competitor of the sponsor of this research project that might be affected by this research project? | |  | Yes |  | No |
| Summarize the external entity’s connection to this research study: | | | | | |

|  |  |
| --- | --- |
| **3. Is the conflict being reported for a site other than UTHSA?** | |
| **Yes.** *Skip to*[*Item 4*](#Item4) |
| **No.** *Continue to the next question, completion of this form is* ***required****.* |

|  |  |
| --- | --- |
| **3. Has this protocol-related conflicted of interest disclosure been submitted in iDisclose?** | |
|  | **Yes. *Stop Here****. Completion of this form is* ***not required****.* |
|  | **No.** *continue to the next question, completion of this form is* ***required****.* |

|  |  |  |
| --- | --- | --- |
| **3. Have you filed an annual** [**COI Report**](https://vpr.uthscsa.edu/iDisclose/) **in accordance with the University’s policy on Conflict of Interest and Commitment within the past twelve months?** | | |
|  | **No.** Skip to next question | |
|  | **Yes.**  **If yes**, did you identify any real or potential conflicts of interest related to this Protocol? | |
|  | Yes |
|  | List the name(s) of the external entity you disclosed a relationship with related to this Protocol: |
|  | No. Skip to next question |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4.** **What is the nature of your relationship with the external entity/sponsor that may be a conflict?** | | | | | | | |
| Check all that apply | **I (or a member of my immediate family):** | | | | | | |
|  | Have a **consultant relationship** with the entity. | | | | | | |
|  | Provide the total compensation for the past 12 months here or enter “none”: | | | | | | |
|  | Have **intellectual property rights** that are related to this research (e.g., patents, copyrights, and royalties from such rights) . | | | | | | |
|  | Have **equity interests with the external entity sponsoring this research** (e.g., stock, stock options or other ownership interests). | | | | | | |
|  | List the total aggregate family value of equity holdings for this entity (estimate) here or enter “none”: | | | | | | |
|  | List the aggregate family percentage of equity (if privately held company) here or enter “none”: | | | | | | |
|  | Receive **salary** or other payments for as an employee from the entity. | | | | | | |
|  | Provide the total compensation for the past 12 months here or enter “none”: | | | | | | |
|  | Receive **honoraria** or speaking fees from this entity (including reimbursed travel). | | | | | | |
|  | Provide the total compensation for the past 12 months here or enter “none”: | | | | | | |
|  | Serve on **Board** for this entity. | | | | | | |
|  | Board of Directors | | Scientific Advisory Board | | | | |
|  | Have an outside **agreement or contract** with this entity. | | | | | | |
| To your knowledge, does UTHSA have a financial interest in the entity? | | | |  | Yes |  | No |
| If yes, provide additional information if available: | |  | | | | | |

|  |  |
| --- | --- |
| ***FOR OFFICE USE ONLY:*** | |
| **Name of Individual:** | |
| **There is no conflict that requires management at this time.** | |
| ***Approved by:*** | **Date:** |