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

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| **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:       |

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| **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****.*  |

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| **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****.*  |

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| **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 |

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| **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:  |       |

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