



**IRB2 DISCLOSURE OF POTENTIAL  
CONFLICTS OF INTEREST**

All research personnel are required to disclose any potential conflicts of interest that may occur if the research is conducted. A conflict of interest exists when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain). Perceptions of conflict of interest are as important as actual conflicts of interest. Financial relationships (such as employment, consultancies, stock ownership, etc.) are the most easily identifiable conflicts of interest and the most likely to undermine credibility. Conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual beliefs. Authors should avoid entering into agreements with study sponsors that interfere with authors' access to all of the study's data or that interfere with their ability to interpret the data and to prepare manuscripts independently. Most investigators have some conflict of interest but a conflict, in and of itself, does not mean that research cannot be conducted ethically and with full protections for research participants.

Please complete and sign this form below. A signed Conflict-of-Interest form is required from: 1) the principal investigator, 2) faculty supervisor (if investigator is a student), and 3) ALL other key research personnel. **Therefore, additional staff will need to submit this form separately. Refer back to the IRB2 website for submission of additional signed Disclosure of Potential Conflict-of-Interest forms.**

1. Project Title				
2. Do you have an affiliation with the facility where the research is taking place?				
If Yes, please explain.		Yes	No	N/A
3. Is this research being conducted to fulfill an educational requirement?				
If Yes, please explain.		Yes	No	N/A

4. Did you or any member of your research team receive payment or services from a third party for any aspect of the proposed research?	
If Yes, please explain.	Yes No
5. Do you or research team have financial relationships with entities that could be perceived to influence or give the appearance of influencing this research?	
If so, please list below all sources of revenue paid (or promised to be paid) to you or your institution on your behalf over the 36 months prior to the beginning of this research. Public funding sources do not need to be disclosed.	Yes No
6. Are there other relationships or activities that could be perceived to influence (or give the appearance of influencing) your research?	
If Yes, please explain.	Yes No

I certify that I have provided a full description of any potential conflicts of interest that I can foresee in the conduct of this research protocol. I acknowledge my responsibility to report any future conflicts of interest that may arise to IRB2.

\_\_\_\_\_  
Signature of Key Personnel

\_\_\_\_\_  
Date

If your computer allows email submission, after completing the form click the "Submit" button located below, otherwise submit the form and applicable documentation.