

### Conflict of Interest

Indicate whether you, your spouse or dependent children, or any investigator participating in the study have, or anticipate having, any income from or financial interest in the sponsor of the protocol, the supporting organization, or a company that owns/licenses the technology being studied that may reasonably affect the outcome of the research. A financial interest includes but is not limited to consulting, speaking or other fees; honoraria; gifts; licensing revenues; other research agreements; equity interests (including stock, stock options, warrants, partnership and other equitable ownership interests).

**Check one of the following (sign below):**

[ X ] No Financial Interest	[ ] Financial Interest <u>Under</u> \$10,000 in aggregate	[ ] Financial Interest <u>Over</u> \$10,000 in aggregate
	<b>Check all that apply:</b> <input type="checkbox"/> Consulting <input type="checkbox"/> Speaking Fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Gifts <input type="checkbox"/> Licensing agreement or royalty income <input type="checkbox"/> Equity interests (including stock, stock options, warrants, partnership or equitable ownership interests), or serving on a scientific advisory board or board of directors <input type="checkbox"/> Other fees/compensation	<b>Check all that apply:</b> <input type="checkbox"/> Consulting <input type="checkbox"/> Speaking Fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Gifts <input type="checkbox"/> Licensing agreement or royalty income <input type="checkbox"/> Equity interests (including stock, stock options, warrants, partnership or equitable ownership interests) and more than a five percent ownership interest in any single entity <input type="checkbox"/> Serving on a scientific advisory board or board of directors <input type="checkbox"/> Other fees/compensation
	<b>Describe the extent of the involvement:</b>	<b>Describe the extent of the involvement:</b>

I certify that I have read the Bronson Institutional Review Board Conflict of Interest Policy at <http://www.bronsonhealth.com/Research/BronsonIRB/page3899.html.html>

 \_\_\_\_\_  
 INVESTIGATOR/CO-INVESTIGATOR PRINTED NAME

 \_\_\_\_\_  
 STUDY POSTION TITLE

 \_\_\_\_\_  
 INVESTIGATOR/CO-INVESTIGATOR SIGNATURE

 \_\_\_\_\_  
 DATE

**For IRB Office Use Only:**

<b>FWA Institutional Official (or Designee):</b>		_____	_____
Name:	<u>Falahee, James B. Jr.</u>		Date
Institutional Title:	<u>Sr. VP, Legal &amp; Legislative Affairs, and Corporate Compliance Officer</u>		
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**Make copies of this page for *each* Principal Investigator and Co-Investigator [as needed]**