



FINANCIAL CONFLICT OF INTEREST FOR INVESTIGATORS

Collection of this information is authorized under 21 CFR 54.4. The use of this information is to disclose or certify information concerning the financial interests of the clinical investigators associated with clinical studies. This information may be disclosed to sponsors of clinical trials, National Cancer Institutes, the applicable Institutional Review Board and the FDA. Financial interests include, but are not limited to ANY of the following payments or transfers of value made by a company that may sell items or services to Sentara: Consulting fees, honoraria, gifts, entertainment, food, paid authorship, equity interest, ownership interest, intellectual property rights, travel (except for investigator meetings), speaking fees, education, research, charitable contributions made on your behalf, grants, royalties or license fees.

Please indicate below if you, your spouse, or dependent children have any of the following financial arrangements to disclose.

- YES ___ NO ___** Do you currently have or have you at any time in the past year had any compensation made to you by a pharmaceutical, biologic, or medical device company in which the value of compensation could be affected by the study outcome?
- YES ___ NO ___** Do you currently have or have you at any time in the past year had a proprietary interest in any drug, biologic product, or device, including, but not limited to, a patent, trademark, copyright or licensing agreement that exceeds \$5000 ?
- YES ___ NO ___** Do you currently have or have you at any time in the past year had any equity interest in a pharmaceutical, biologic, or medical device company that exceeds \$5,000?
- YES ___ No ___** Do you currently have or have you at any time in the past year had significant payments of other sorts from a pharmaceutical, biologic, or medical device company to you or to your Institution to support activities, such as a grant to fund your ongoing research, compensation in the form of any equipment not directly related to the conduct of the clinical trial, or retainers to you for ongoing consultation or honoraria, exclusive of the costs of conducting clinical studies?

If you answered "YES" to any of the questions above, please provide the name of the pharmaceutical, biologic, or medical device company with whom the financial arrangement exists (add an attachment if needed)

| COMPANY NAME | \$ AMOUNT |
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I have reviewed this disclosure and to the best of my knowledge the information contained herein is true and complete. I agree to submit an updated disclosure at least annually or within 30 days of a change in financial interest.

Print Name _____ Signature _____ Date _____

This form must be signed, dated and returned to research_reg@sentara.com