DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST
Confidential

Study/Project Title:
Grant Number:
PD/PI Name:
All Key Personnel:

Transparency and objectivity are essential in scientific research. Any and all relationships that give even the appearance of potentially influencing your objectivity should be disclosed. If in doubt, it is usually best to disclose.

No member of the DSMB should have direct involvement in the conduct of the study. Furthermore, no member should have financial, proprietary, professional, or other interests that might affect impartial, independent decision-making by the DSMB.

Significant (≥$1,000) interests: This includes financial or non-financial support, such as salary, consulting or speaker fees, honoraria, research support, in-kind products or services, equity interests (e.g., stocks, stock options, or other ownership interests), and intellectual property rights (e.g., patents, copyrights, and royalties).

Do you (or your partner or dependent children) have any significant interests from the past 3 years that are relevant to this trial? No ☐ Yes ☐, and I have disclosed them below.

Company(ies) and Nature of Interest(s) (e.g., salary, consulting fees, honoraria, research support, in-kind products or services, equity interests, and intellectual property rights). Use extra pages if needed; do not include amounts.

Other competing interests: This includes any relationships, circumstances, or activities that might be perceived as influencing your actions, even if you do not think they do. Examples include having collaborated with or mentored the principal investigator(s), including co-publication in the past three years, or having a relative who works at the company whose product the study is evaluating. Although these will not necessarily be disqualifying, full disclosure is important to ensuring the study's integrity.

Do you (or your partner or dependent children) have any other competing interests from the past 3 years that are relevant to this trial? No ☐ Yes ☐, and I have disclosed them below.

Acknowledgment of DSMB Member Responsibilities

I have disclosed all relevant conflicts, whether actual or potential. I will immediately notify the program officer and DSMB chair if a change occurs in any of the above during the tenure of my responsibilities.

I am aware of my responsibilities for maintaining the confidentiality of any non-public information that I receive through this activity, and for avoiding using such information for my personal benefit, the benefit of my associates, or the benefit of organizations with which I am connected or have a financial involvement.

_____	_____	_____
Name	Signature	Date