



## Investigator and Sub-Investigator Financial Disclosure

<b>Investigator:</b>	<b>Sponsor Name:</b> MSMC-MHI, NIH
----------------------	------------------------------------

**Name of Investigator/Sub-Investigator completing this form** (print or type):  
\_\_\_\_\_

**Your mailing address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Information Reported:**    Initial       Update

Do any of the financial interests or arrangements described below apply to you, or any member of your immediate family (spouse and/or dependent children) during the time you will be conducting the Clinical Trial and for one year after completion:  
 YES                      NO

<input type="checkbox"/>	<input type="checkbox"/>	A significant equity interest in the Sponsor, companies involved in TACT, * or companies producing the type of products used in the trial, that exceeds US\$50,000 or that has a value that cannot be easily determined through reference to public prices. For example, any ownership interest, stock options, or other financial interest (including patent, trademark, copyright, licensing agreement and/or royalty arrangement). If YES, please describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	Significant payments of other sorts from the Sponsor, companies involved in TACT, * or companies producing the type of products used in the trial, the total of which exceeds US\$25,000, excluding the costs of conducting the trial or other clinical trials. For example, payments made to the investigator or the institution to support activities (including a grant to fund ongoing research, compensation in the form of equipment, or retainers for ongoing consultation or honoraria). If YES, please describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	A proprietary interest in the test product such as a patent, trademark, copyright, licensing or royalty agreement. If YES, please describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	Financial agreement with Sponsor, companies involved in TACT, companies involved in TACT, * or companies producing the type of products used in the trial, whereby the value of compensation could be influenced by the outcome of the trial. For example, compensation that is explicitly greater for a favorable outcome, an equity interest in the Sponsor company (such as stock and/or stock options), or compensation tied to future sales of the product, such as a royalty interest. If YES, please describe: _____

**I certify that the above information, to the best of my knowledge and belief, is complete and accurate. Furthermore, I agree to promptly notify the trial Principal Investigator if my financial interests, or those of my spouse or dependent children, change during the course of the trial or within one year after trial completion.**

**Your Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

\* The Pharmed Group, OmniComm, Quantum Healthcare Consultants, Accu-Care, Quest Diagnostics, DCRI

**Please retain a copy of each completed form for the Investigator's Regulatory Binder.**