



Investigator and Sub-Investigator Conflict of Interest Form

Investigator:	Sponsor Name: MSMC-MHI, NIH
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Name of Investigator/Sub-Investigator completing this form (print or type):

Your mailing address:

Information Reported: Initial Update One-Year Follow-Up

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"/>	<p>A significant equity interest in the Sponsor, companies involved in TACT, * or companies producing the type of products used in the trial, that when aggregated for the investigator and the investigator's spouse and dependent children exceeds \$10,000 in value as determined through reference to public prices or other reasonable measures of fair market value, and does represent more than a 5 % ownership interest in any single entity. If YES, please describe: _____ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Salaries, royalties or other payments that when aggregated for the investigator and the investigator's spouse and dependent children over the next twelve months, are reasonably expected to exceed \$10,000. If YES, please describe: _____ _____</p>

I declare that the information provided on this form is, to the best of my knowledge and belief, accurate and complete. This form is to be updated annually OR if within one year, new reportable significant financial interests are obtained. If my financial interests and arrangements, or those of my spouse and dependent children, change from the information provided above during the course of one year from the date of this form, I agree to notify Mt. Sinai Medical Center promptly.

Your Signature: _____ **Date Signed:** _____

Designated Official Review
I have reviewed this Conflict of Interest Form and believe that:

- no potential for conflict of interest/commitment exists
- potential for conflict exists, and steps have been taken to resolve the potential conflict, as outlined in the attached letter
- a potential conflict of interest/commitment exists that requires review

Printed Name: _____ **Date:** _____

Signature: _____

* 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.

