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| --- | --- |
| Logo  Description automatically generated | Institutional Review Board**SIGNIFICANT FINANCIAL INTEREST DISCLOSURE***Confidential pursuant to Idaho Code* |
| **Return to the Research Institute:** 1055 N. Curtis Road Boise, ID 83706 (208) 367-8897 (208) 367-8386 sahslocalirb@saintalphonsus.org |

***Instructions:***

*This form is for the disclosure of significant financial interests. Please fill out one of these forms for each team member* *with a significant financial interest.*

*"Significant financial interest" means anything of monetary value equal to or exceeding $5000 (PHS-funded research) or $25,000 (industry-sponsored research) that is the result of, or could have the perception of resulting from, a relationship with the research sponsor. This includes the financial interests of a team member's immediate family. Examples include but are not limited to:*

* *salary or other payments for services (e.g., consulting fees or honoraria)*
* *equity interests (e.g., stocks, stock options, or other ownership interests)*
* *intellectual property rights (e.g., patients, copyrights, and royalties from such rights).*

*For applications and additional resources, visit the IRB website:* <https://www.saintalphonsus.org/services/research-institute/institutional-review-board/forms-and-resources>

**Date of Application:** Click here to enter a date.

**Sponsor and/or Granting Agency:** Click here to enter text.

**Study Team Member:** Click here to enter text.

**Role:** Click here to choose an item. **If "Other", describe:** Click here to enter text.

**Type of Disclosure:** Click here to choose an item.

***Instructions:***

*Complete this form regarding your significant financial interests within the last 12 months. Only continue with this form if your financial interests total over $5000 (PHS-funded research) or $25,000 (industry-sponsored research).*

1. **Demographics**

**Study Team Member:**

*Check one:* [ ]  Recipient [ ]  Sub-recipient

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | [Subject] | Employer: | Click here to enter text. |
| Phone: | Click here to enter text. | Address: | Click here to enter text. |
| Email: | Click here to enter text. |

**Sponsor and/or Granting Agency:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | [Category] | BusinessType: | Click here to enter text. |
| Address: | Click here to enter text. | Grant # or Name: | Click here to enter text. |

1. **Description of Financial Interests**
	1. **Management**
2. **Do you, your spouse, or dependent child(ren) hold a position of management or employment with this entity?**

[ ] No – *skip to section B*

[ ] Yes

**Check the position(s):**

[ ]  Director [ ]  Partner [ ]  Member, Board of Directors

[ ]  Officer [ ]  Trustor [ ]  Member, Scientific Advisory Board

[ ]  Employee

[ ]  Other – *describe:* Click here to enter text.

**Describe the responsibilities of your position(s) with the entity and how they relate to the project funded by the entity:**

Click here to enter text.

* 1. **Income**
1. **Excluding gifts, contracts or grants administered by the institution, have you, your spouse, or dependent child(ren) received income *in excess of $5000* in the past 12 months from the entity?**

[x] No – *skip to question 2*

[ ] Yes

**Check the income received from the entity:**

|  |  |
| --- | --- |
| Income Range: | Nature of Income: |
| [ ]  $5,000 - $9,999 | [ ]  Consulting |
| [ ]  $10,000 - $19,999 | [ ]  Honoraria |
| [ ]  $20,000 - $29,999 | [ ]  Payment in Kind |
| [ ]  $30,000 - $49,999 | [ ]  Per Diem |
| [ ]  $50,000 - $99,999 | [ ]  Salary |
| [ ]  Over $100,000: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Other: Click here to enter text. |

1. **Do you have a loan arrangement with the entity?**

[ ] No – *skip to section C*

[ ] Yes

**Provide the loan amount:** $ Click here to enter text.

**Explain the arrangements:** Click here to enter text.

* 1. **Equity**
1. Do you, your spouse, or dependent child(ren) hold an equity interest in this entity?

[ ]  No – *skip to section D*

[ ]  Yes

Indicate the percentage of equity: Click here to enter text. %

What is the nature of this equity interest?

[ ]  Bonds [ ]  Stocks/Stock Options

[ ]  Convertible Security [ ]  Other Click here to enter text.

What is the value of this equity interest?

[ ]  Up to $1,999 [ ]  $2,000 - $9,000 [ ]  $10,000 - $99,999

[ ]  $100,000 - $999,999 [ ]  $1,000,000 or above

Note: If the stock is not publicly traded, provide an internal estimate of value:

$ Click here to enter text.

* 1. Consulting
1. Are you a consultant with this entity?

[ ]  No – *skip to section 3*

[ ]  Yes

**Do you have a written consulting agreement?**

[ ] No

[ ] Yes – *please provide a copy*

**Describe in detail the frequency and nature of your consulting activities and how the consulting is separate from your research:**

Click here to enter text.

**Will the terms of your consulting in any way restrict the release of information or other dissemination of research results by faculty/investigators involved in the project?**

[ ] No

[ ]  Yes - *explain*: Click here to enter text.

1. **Relationship with External Entity**
2. **Direct and Significant Impact on Financial Interests**
3. **Is entity a subcontractor, consortium member, supplier of goods, lessor, or otherwise involved with the project?**

[ ] No

[ ] Yes, *explain*: Click here to enter text.

1. **Are you the inventor of any device, vaccine, procedure, drug, or any other product associated with this research?**

[ ] No

[ ] Yes

1. **Does the entity manufacture or commercialize any device, vaccine, procedure, drug or any other product associated with this research?**

[ ] No

[ ] Yes, *explain*: Click here to enter text.

1. **Will the project purchase/lease any device/material from the entity?**

[ ] No

[ ] Yes, *provide name and approximate cost:*

Name: Click here to enter text.

Cost: $ Click here to enter text.

1. **Is it reasonable to anticipate that the entity will or could be directly and significantly affected by the design, conduct or reporting of the research activity?**

[ ] No

[ ] Yes, *explain*: Click here to enter text.

1. **Is the entity a non-profit foundation?**

[ ] No – *skip to section B*

[ ] Yes

**Do you have a financial interest in the company(ies) that is (are) providing funds to this non- profit foundation?**

[ ] No

[ ] Yes

**If the sponsoring foundation is primarily a vehicle for one or two companies or a closely cooperating group or businesses, identify these firms:**

Click here to enter text.

1. **Separation of Institution and Outside Interests**
2. **Explain how you are keeping your interests and obligations to the entity separate from your hospital activity:**

Click here to enter text.

1. **Were you part of a formal committee/body that made the decision which led to the award?**

[ ]  No – *if no, and you were present when the decision was made, please provide either a written statement or a copy of the meeting minutes*

[ ]  Yes – *explain*: Click here to enter text.

1. **Is the entity providing any proprietary data, materials or equipment?**

[ ]  No

[ ]  Yes – *explain what control on access to the research will be necessary:*

Click here to enter text.

1. **Does the entity participate in deciding the direction of the research?**

[ ]  No

[ ]  Yes, *explain what role the entity will play*: Click here to enter text.

1. **Use of Institution Resources and Facilities**
2. **For non-governmental sponsored projects, is the entity supporting full direct and indirect costs of this project?**

[ ]  No

[ ]  Yes

1. **Is any other entity funding this research?**

[ ]  No – *skip to section D*

[ ]  Yes

**List the entity(ies) funding this research and their amount of support. Also, identify any hospital funds that will be supplementing the project.**

|  |  |  |
| --- | --- | --- |
| Entity Name | Entity Support $ | Hospital Supplement $ |
| Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. |
| Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. |

1. **Research Involving Human Subjects**
2. **For human subjects research, describe your involvement in the research (i.e., consenting patients, analyzing data, etc.)**

Click here to enter text.

1. **Describe how any potential conflict of interest will be reduced, managed, or eliminated to ensure the rights and safety of human subjects:**

Click here to enter text.

1. **Travel**
2. **Do you receive travel reimbursement or free travel from this entity?**

[ ]  No – *skip to section 4*

[ ]  Yes

**Describe in detail frequency and nature of the travel:**

Click here to enter text.

**How is it separate from your research?**

Click here to enter text.

**Indicate your best estimate of the value of the travel:**

[ ]  Up to $1,000 [ ]  $1,000 - $2,999 [ ]  $3,000 - $4,999

[ ]  $5,000 - $9, 999 [ ]  Over $10,000.00

1. **Verification**

In accordance with U.S. Code of Federal Regulations 42 CFR part 50, and 94, I certify that the information in this form, to the best of my knowledge and belief, is true, correct and complete for the reporting period. I understand that I must report promptly any new or revised financial interests to Institution.

I consent to the transfer of the information on this form to the sponsor, the U.S. Food and Drug Administration, and any Public Health Service agency of the U.S. Department of Health and Human Services.

I acknowledge and certify that I have read the institution policy entitled: Promoting Objectivity in Research-Financial Interest.

This is a complete disclosure of my financial interests related to the proposed project(s) and I understand that it is my responsibility to disclose any new reportable financial interests.

[Subject]

**Name (Typed/Printed)**

**Signature Date**