

**SunCoast CCOP Research Base at the University of South Florida**

Investigator Financial/Conflict of Interest Disclosure Form

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Do you, your spouse or dependents (children or others) have **significant financial interests** that would reasonably appear to affect your participation in SunCoast CCOP Research Base-sponsored research studies, data analysis or reporting, or impact your objectivity in any aspect of SunCoast CCOP Research Base participation? Significant financial or other interests may include (but are not limited to) the following:

- Income (e.g., salary, fees, honoraria, reimbursements, dividends, or other payments or considerations) for the investigator and the investigator's spouse and dependent children
- Equity interests (e.g., stock, stock options, or other ownership interests) for the investigator and the investigator's spouse and dependent children
- A position (e.g., director, officer, partner, trustee, or member of the board of directors)
- Intellectual property rights (e.g., patents, copyrights, or royalties)

No – Skip to signature section on page 2.

Yes – Complete the questions below:

Provide name of entity and list any Activity or product related to current or future SunCoast CCOP Research Base relationship:

\_\_\_\_\_  
\_\_\_\_\_

Annual income from entity:       \$10,000 or less;       More than \$10,000

Basis for payments, gifts or gratuities to you or your immediate family:

- \_\_\_ Employee
- \_\_\_ Consulting or occasional lecturing
- \_\_\_ Service on Advisory or Directors' Boards
- \_\_\_ Writing commissioned papers or reports
- \_\_\_ Payment of royalties on patents and copyrights
- \_\_\_ Other: \_\_\_\_\_

Will amount of compensation be affected by the outcome of the research?       No       Yes

Value of ownership interest:  \$10,000 or less;       More than \$10,000

Percentage of ownership, issued and outstanding:

- \_\_\_ 5% or less
- \_\_\_ More than 5%

Will the value be affected by the outcome of the research?       No       Yes

Provide additional details to answers of the above questions in the space below (insert additional pages as needed). Please describe what steps are already being taken to oversee and manage potential conflicts of interest.

**Signature:**

Please sign below to certify that you have fully and to the best of your ability completed this disclosure form. If you have significant financial interests in more than one entity, you have provided information on each. Should circumstances change, you will update your disclosure form promptly.

Printed name of investigator: \_\_\_\_\_

Signature of investigator: \_\_\_\_\_

Date: \_\_\_\_\_