



INVESTIGATOR FINANCIAL DISCLOSURE FORM

The information collected on this form is pursuant to the United States Code of Federal Regulations Part 54 – Financial Disclosure by Clinical Investigators. This information will be treated as confidential and may be reviewed by regulatory authorities as appropriate for filing which includes the results of the study listed below. A form should be completed for each delegated staff member at each site.

Study Protocol Number		Site Number	
Study Title			
NOTE: The Information requested below is to be provided as of the date this document is signed.			
Institution Affiliation			
Clinical Investigator Name			
Address			
City/State/ZIP			
Country			
Check "Yes" if any of the financial interests/arrangements described below apply to you, your spouse, or dependent children relating to the Study identified above, otherwise check "No". All questions must be answered.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Do you, your spouse, or any of your dependent children have a proprietary interest in the test product for the above-mentioned protocol? (This would include rights under a patent, trademark, copyright, or licensing agreement.) <i>If yes, please provide details (attach additional pages, if needed):</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Do you, your spouse, or any of your dependent children (whether individually or collectively) have an equity interest in _____ in excess of \$50,000.00 in value? <i>If yes, please provide details (attach additional pages, if needed):</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Do you have any financial agreements with _____ whereby the outcome of the clinical trial could affect your compensation? (including bonuses, royalty, or other financial incentive.) <i>If yes, please provide details (attach additional pages, if needed):</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Do you anticipate you will receive payments that have cumulative monetary value of \$25,000.00 or more, exclusive of the payments for conducting clinical trials (such as grants to fund ongoing research, compensation in the form of equipment or retainers for ongoing consulting or honoraria) during the time of this trial and for one year following its completion? <i>If yes, please provide details (attach additional pages, if needed):</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do you have an other financial arrangements concerning the study or your relationship with _____ you would like to disclose? <i>If yes, please provide details (attach additional pages, if needed):</i>		
<i>By signing below, I certify the information provided on this form is, to the best of my knowledge and belief, true, correct, and complete. Furthermore, if my financial interests and arrangements, or those of my spouse or dependent children, change from the information provided above during the course of the Study or within one year after completion of the Study, I will notify the Sponsor.</i>			
Signature			Date (dd/mmm/yyyy)