

SCHULMAN
ASSOCIATES IRB

Investigator Conflict of Interest Form

Note: A UNC COI Finalization Letter (email) was for this study was emailed directly to each investigator. Please contact your investigator(s) for this information.

SECTION 1.0: General Information

1. PI/QI Name: _____ 2. Sponsor: _____ 3. Protocol Number: _____

SECTION 2.0: Conflict of Interest Information

Financial Interest #1:

1. Investigator Name: _____

2. Please provide a detailed disclosure of the financial interests that are related to this research. Your explanation must specify the nature and the monetary amount of the financial interest. _____

3. Please explain the impact, if any, your financial interests may have on your conduct of this research study. _____

4. Please describe your plan for managing the potential conflict of your financial and research interests in order to help ensure that the protection and rights of research subjects are maintained. _____

Enter description or state "See attached: UNC COI Finalization Letter (email) for (insert investigator name)."

I certify that the responses to the questions above are accurate and complete and that my responses constitute a full disclosure of any conflicting interests and activities that have the potential to affect the rights of human subjects involved in research, if any. I will disclose to Schulman any conflicts of interest that arise during the course of the study.

Investigator Signature Required _____ Signature Date (mm/dd/yyyy) _____

Financial Interest #2:

5. Investigator Name: _____

6. Please provide a detailed disclosure of the financial interests that are related to this research. Your explanation must specify the nature and the monetary amount of the financial interest. _____

7. Please explain the impact, if any, your financial interest may have on your conduct of this research study. _____

8. Please describe your plan for managing the potential conflict of your financial and research interests in order to help ensure that the protection and rights of research subjects are maintained. _____

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Investigator Signature Required _____ Signature Date (mm/dd/yyyy) _____