

**TALLAHASSEE MEMORIAL HEALTHCARE
INVESTIGATOR DISCLOSURE AND CERTIFICATION OF CONFLICT-OF-INTEREST DISCLOSURE**

I. Investigator / Key Personnel Identification

Name and Last Name	
Department	
Email	
Phone Number	
Role in the Project	

II. Reason for Disclosure

- New Proposal
 Additional Support
 New Investigator /Key Personnel
 Update - New Interest(s) Obtained
 IRB Continuing Review
 Update – Interest Eliminated
 Other _____

III. Project Identification

- A. Sponsor:** Click or tap here to enter text.
B. Title of Proposal or Award: Click or tap here to enter text.
C. IRB No(s) (if applicable): Click or tap here to enter text.

IV. Disclosure and Certification

- A.** Do you, your spouse, domestic partner, and/or dependent children, stepfamily member, have any financial interest or outside interest that would reasonably appear to be affected by the research identified in section III.?

- Yes. Please complete the questions below on Sections B, C, D and E.
 No. Please proceed to complete section V. Certification and Attestation.

- B. Remuneration:** Have you, your spouse, domestic partner, dependent children, stepfamily member, received remuneration from any entity that when aggregated totals more than \$5,000 in the previous 12 months?

- Yes, please provide details below
 No

Entity #1	
Remuneration Date or frequency	

Amount	
Reason	
Entity #2	
Remuneration Date or frequency	
Amount	
Reason	

C. Equity: Do You, Your Spouse, domestic partner, dependent children, stepfamily member, hold equity on any entity exceeding 5% of ownership or values at \$5,000 or more?

Yes, please provide details below

No

Entity #1	
Equity Date or frequency	
Amount	
Reason	
Entity #2	
Equity Date or frequency	
Amount	
Reason	

D. Intellectual Property: Do You, Your Spouse, domestic partner, dependent children, stepfamily member, have intellectual property rights for which you received income that exceeded \$5,000 in the previous 12 months?

Yes, please provide details below

No

Entity #1	
Intellectual Date or frequency	
Amount	
Reason	
Entity #2	
Intellectual Date or frequency	
Amount	
Reason	

E. Personal, Commitment, or Other: Do You, Your Spouse, domestic partner, dependent children, stepfamily member, have any other situation not described above that may be perceived as a potential or actual COI, or that would cause a reasonable person with knowledge of the relevant information to question the impartiality of the research?

- Yes, please provide details below
 No

V. Certification and Attestation

- I hereby certify that the information in this form is true and accurate to the best of my knowledge.
- I will comply with TMH COI standards and disclosures requirements independently of funding and sponsorship.
- I will abide by the decisions of the Research Conflict of Interest Review Committee and comply with any management plan to manage, reduce, or eliminate the disclosed conflicts, if applicable.

Signature of Study Personnel	Date
Principal Investigator Signature	Date

**Appendix A:
Glossary of Terms**

- A. Financial Interest:** Anything of monetary value provided from an Interested Business
- B. Remuneration:** Money paid for work or a service
- C. Equity:** Stocks, stock options or other ownership interests
- D. Intellectual Property:** Patents, copyrights
- E. Personal Conflict:** A situation in which personal considerations may compromise or have the appearance of compromising a researcher's judgment in conducting or reporting the research
- F. Conflict of Commitment:** Arise from situations that place competing demands on researchers' time and loyalties