



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
STUDENT ASSESSMENT & RESEARCH
IRB & Research Review Process

Conflict of Interest Disclosure Form

If the IRB determines that a conflict exists that could influence the research or jeopardize the well-being of subjects, the IRB may require additional information about the conflict, may require that the conflict be resolved before the research is approved, and/or may require that the conflict be disclosed to the subject in the Informed Consent document. A separate Conflict of Interest Disclosure form is required for *each* principal investigator and other key personnel.

Principal Investigator Name: _____ IRB#: _____

Company/University Name: _____

Title of Research Project: _____

Key Personnel Submitting this Form (print): _____

NOTE: "immediate family" refers to spouse, children, parent, in-laws and siblings.

	Yes	No	Not Applicable
1. I, or a member of my immediate family, own(s) equity (stock ownership, stock options, convertible note(s), or other ownership interest in any amount) in the company or other legal entity whose drug, procedure, technique, device, or software I am testing (the "Company").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The Company holds patent rights to inventions created by me or a member of my immediate family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I, or a member of my immediate family, hold(s) a position of senior management officer, or director of the Company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I, or a member of my immediate family, am/is a scientific advisor or consultant to the Company and I or a member of my immediate family receive(s) payments from the Company (including direct payments, honoraria, and all other forms of compensation.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If a device, technique, software, or procedure involved in the research is marketed, I, or a member of my immediate family, may be entitled to royalty income or income from the sale of the product.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I, or a member of my immediate family have/has any other financial interest that may appear to conflict with the protection of subjects or which should be disclosed to subjects in order to secure informed consent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If **YES** to any item, include an explanation of the conflict for the IRB's consideration on a separate sheet.

I certify that the information on this form is accurate to the best of my knowledge.

 Signature of Principal Investigator or Key Personnel

 Date