Researcher Conflict of Interest Questionnaire

Name:

Title:

WORK (PAID OR UNPAID) FOR OUTSIDE ORGANIZATIONS

1(a). In the past 12 months did you work as an employee, consultant, or independent contractor for an organization other than TriHealth, CCHMC, or UC Health?

◯ **Yes** ◯ **No**

1(b). In the last 12 months did you work or participate in a start-up company?

◯ **Yes** ◯ **No**

1(c). If you answered YES to question 1(a) OR question 1(b), please indicate the name(s) of the organization(s) for which you currently or previously worked. Please also indicate the time frame of your association with the organization(s).

FINANCIAL INTERESTS (YOU AND YOUR FAMILY MEMBERS)

2(a). In the past 12 months, to the best of your knowledge, have/do you or any member of your immediate family or household receive(d) compensation, consulting fees, honoraria, paid authorship fees, paid or reimbursed travel, lecture fees, or other payment or benefit from ANY ENTITY HAVING INTEREST IN OR SPONSORING OR PROVIDING SUPPORT FOR ANY RESEARCH CONDUCTED AT TRIHEALTH?

◯ **Yes** ◯ **No**

2(b). In the past 12 months, to the best of your knowledge, have/do you or any member of your immediate family or household owned stock options or other interests in any entity having an interest in or sponsoring or providing support for ANY RESEARCH CONDUCTED AT TRIHEALTH? (This does not include shares owned as part of group retirement plans such as 401(k), 403(b), or 457 plans).

◯ **Yes** ◯ **No**

2(c). If you answered YES to question 2(a) OR question 2(b), is the value greater than $5,000?

◯ **Yes** ◯ **No**

2(d). If you answered YES to question 2(a) OR question 2(b), please describe the value and explain the association (use additional sheets and attachments to describe/explain, if necessary):

CERTIFICATION

By signing this form, I certify that I have read the TriHealth Conflict of Interest Clinical Research Policy and acknowledge my obligations under this policy. I further certify that the information I gave in this form and any additional attachments is true, complete, and accurate to the best of my knowledge. During the conduct of research at TriHealth, I agree that I will update this form should any of my or my family member's circumstances change such that it would alter the truth, accuracy, or completeness of my answers on this form*.

Signature: **Date:**

***Any updates to interests and/or potential conflicts described on this form must be submitted to the IRB within 30 days of becoming aware of the new interest and/or conflict.**