

## NICHD Clinical Trial Networks

**Conflict of Interest and Confidentiality Agreement****CONTACT INFORMATION**

Name:

Role:

Primary Employer:

Other Employers (if applicable):

Telephone:

Email address:

NICHD Network :

Please identify any potential, real or perceived conflicts of interest arising in connection with individuals and organizations (and their major competitors, if industry, including clinical research organizations (CROs)). These may include those involved with:

- Carrying out any study under review
- Products or services that will be used or tested in any study under review
- Products or services that would be affected in a major way by the outcome of any study under review.

This form applies to every project considered within the network (funded or not funded), those being considered currently and those to come in the future.

I will disclose, for any study that I will review, to the best of my knowledge and belief, if:

1. I have been a part-time, full-time, one-time, paid, or unpaid employee, consultant, scientific advisor, speaker, researcher, contractor, grantee, or collaborator of the companies and/or institutions involved
2. I have been an officer, director, trustee, or general partner, or am otherwise similarly associated with these organizations.
3. I have been involved in any litigation regarding these organizations (e.g., plaintiff, defendant, expert witness).
4. I have any financial (e.g., stock) or intellectual property (e.g., royalties) interests in these organizations.
5. I am negotiating future employment with these entities or I have an arrangement for future service to these organizations.
6. Any of the preceding circumstances apply to my spouse, domestic partner, parent, child, partner, close professional associate (co-authorship, collaboration, or consultation), or organization with which I am affiliated.

Please read and accept the following terms:

I am aware that I am personally responsible for identifying any real or perceived conflicts of interest during the tenure of my membership. I will notify the Data Coordinator Center PI (responsible for this study) immediately if a change occurs in any of my preceding responses that may affect my objectivity and I will abstain from participation until instructed otherwise. When in doubt, I will seek a determination from the DCC PI.

I am aware of my responsibilities for maintaining the confidentiality of any non-public information I become aware of through this activity and for avoiding the use of such information for my personal benefit, the benefit of my associates, or the benefit of organizations with which I am connected or with which I have a financial involvement.

For any concept proposal received in the electronic Reviewer Support Site (eRSS) that I download directly on the system and share with others at my site (e.g., research coordinators, other clinicians, etc), I am responsible for making sure that they do not pass it along or share it with anyone else and that they maintain confidentiality.

**Note** that the concept proposal information should not go outside your institution.

By checking the above confidentiality and conflict of interest form, I agree to the above statements. The information provided in this disclosure is true and correct to the best of my knowledge.

*Completed by:*

\_\_\_\_\_

Type Full Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

*Received by:*

\_\_\_\_\_

DCC Principal Investigator Type Full Name

\_\_\_\_\_

DCC Principal Investigator Signature

\_\_\_\_\_

Date