

Conflict of Interest Documentation for NICHD Study Members

Study name:

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

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

All those working on the study should be able to verify the following information.

To the best of my knowledge and belief (check all that apply):

- I have not been a part-time, full-time, one-time, paid, or unpaid employee, consultant, scientific advisor, speaker, researcher, contractor, grantee, or collaborator of the companies involved in the above-named study.
- I have not been an officer, director, trustee, or general partner, nor am I otherwise similarly associated with these organizations.
- I have not been involved in any litigation regarding these organizations (e.g., plaintiff, defendant, expert witness).
- I do not have any financial (e.g., stock) or intellectual property (e.g., royalties) interests in these organizations.
- I am not negotiating future employment with these entities nor do I have an arrangement for future service to these organizations.
- None 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.

This is a sample form for internal use. Please do not submit to NICHHD.

Please check one of the following boxes about your exception status:

- No exception to report.
- Exception: I will contact the Steering Committee Chair (or principal investigator [PI] responsible for this study) regarding this matter.
- Exception: I have voluntarily chosen to list the exception(s) in the following space (or on an attached sheet):

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 Steering Committee Chair (or PI responsible for this study) immediately if a change occurs in any of my preceding responses that may affect my objectivity and will abstain from participation until instructed otherwise. When in doubt, I will seek a determination from the Chair (or PI).
- I am aware of my responsibilities for maintaining the confidentiality of any non-public information I become aware of through this activity and avoiding using 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.

Member's Name:

Signature:

Date:

Steering Committee Chair/Responsible PI Name:

Signature:

Date: