



The Carle Foundation  
 611 West Park Street, Urbana, IL 61801  
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**THE CARLE FOUNDATION RESEARCH CONFLICT OF INTEREST DISCLOSURE STATEMENT**

**Instructions:** This form is to be completed in connection with The Carle Foundation Research Policy 103– Conflicts of Interest in Research. If you are an Investigator or other Key Research personnel involved in the design, analysis, conduct or reporting of the results of research that engage The Carle Foundation, its affiliates and subsidiaries, including Carle Foundation Hospital and Carle Physician Group, you must disclose any significant financial interests and associations with an entity that might be affected by the research. Please remember that you also must disclose the financial interests of your family which includes your spouse or qualified domestic partner and dependent children.

Your answers to the following questions do not necessarily mean that any financial interest you list is improper or impermissible. **If there is any significant change in financial interests during the term of any research project, then a new Disclosure Statement must be submitted within thirty (30) days of the date of the acquisition or discovery of a significant change.**

After completing the form, **save a copy** to your local computer for your records. You will then need to email a copy of the saved form to Carle Research ([research@carle.com](mailto:research@carle.com)).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Disclosure:

- Initial Submission
- Annual Submission
- Change in Significant Financial Interest (must be reported within **thirty** (30) days of acquisition or discovery)

**A. Disclosure of Significant Financial Interest**

Please fill out a new Disclosure Statement each time you become aware of a Significant Financial Interest.

1. Do you (or a member of your family) have any of the following interests that reasonably appear to be related to your Institutional Responsibilities?

(a) Do you (or a member of your family) have an equity interest in a publicly traded company that at the time of this disclosure is greater than \$5,000?

- Yes
- No

If yes, please explain.

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**Research Conflict of Interest Disclosure**

(b) Have you (or a member of your family) received any compensation from an entity (other than your place of employment) in the twelve months preceding this disclosure that when aggregated (including any equity interests), exceeds \$5,000 (compensation would include salary, consulting fees, honoraria, paid authorship)?

Yes       No

If yes, please explain.

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(c) Do you (or a member of your family) have an ownership interest in a non-publicly traded entity?

Yes       No

If yes, please explain.

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(d) In regards to a non-publicly traded company, have you received any compensation in the twelve (12) months preceding the disclosure, when aggregated, exceeds \$5,000?

Yes       No

If yes, please explain.

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2. Do you (or a member of your family) have any intellectual property rights and interests (e.g., patents, copyrights), income from such rights (unless from your Institution) that could reasonably appear to affect your Institutional Responsibilities including your research?

Yes       No



**Research Conflict of Interest Disclosure**

If yes, please explain.

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3. Is there anything not covered in this questionnaire that you believe might constitute a conflict of interest or create the appearance of a conflict of interest related to your Institutional Responsibilities including you research?

- Yes       No

If yes, please explain.

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4. Have you applied for federal funding from the Public Health Service or will be engaged in research that is supported by the Public Health Service through a grant or cooperative agreement. Examples would include funding under a cooperative agreement from the National Cancer Institute or any grant from the National Institutes of Health.

- No       Yes      If yes, please answer the following question.

In the past twelve (12) months, have you been reimbursed or received sponsorship for any travel related to your Institutional responsibilities that did not come from a federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education? You may also include any prospective travel that is currently planned.

- No       Yes

If yes, please list the purpose of trip, sponsor/organizer, destination, and duration (if not already reported).

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**B. Investigator's Affirmation**

I hereby affirm that to the best of my knowledge, the information supplied in this form is complete and accurate as of the date listed above. I understand and acknowledge my obligation to submit a new Disclosure Statement within thirty (30) days of acquisition or discovery of a new Significant Financial Interest.