

## Human Subjects Conflict of Interest Form Disclosure Attachment Form

This Form may be used by PI's to collect COI disclosures from co-investigators or key personnel.

All researchers who are engaged in the design, analysis, conduct, or reporting of the results of research under an IRB protocol must disclose whether they have a financial interest in or other relationship that may have an impact on the project. The questions below will help assess the potential for a conflict. All investigators under the protocol must respond to the questions for each human subject protocol. Positive Disclosures must be submitted to the IRB Office ([irb@chapman.edu](mailto:irb@chapman.edu)) For more information visit: [Financial Conflicts of Interests](#).

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Name:

IRB Protocol #:

IRB Project Title:

Role on Project:

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Please answer the following questions for yourself and your Family (defined as your spouse/registered domestic partner or dependent children. **Any "Yes" responses require reporting to the IRB Office ([irb@chapman.edu](mailto:irb@chapman.edu))**).

1. Do you or your Family have an outside relationship (paid or unpaid) or commitment with an entity providing materials, devices, compounds, or other support for this project?

Yes      No

If Yes, please provide the name of the entity and details of financial interest or outside relationship:

2. Do you or your Family have a relationship (paid or unpaid) or commitment with an outside entity that could reasonably appear to benefit from the outcomes of this project?

Yes      No

If Yes, please provide the name of the entity and details of the relationship:

3. Do you or your Family have an outside relationship (paid or unpaid) or commitment with the sponsor of this project (choose N/A if Chapman is funding this project)?

Yes      No      N/A

If Yes, please provide the name of the sponsor and details of the outside relationship:

4. Does this study involve testing the efficacy of a tool, device, or other types of intellectual property developed by a member of the study team or their Family?

Yes      No

If Yes, please describe the intellectual property and who developed it:

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**Certification**

I have reviewed this document and certify that to the best of my knowledge the information provided is accurate and complete.

Signature:

Date: