

Tulsa Public Schools  
Office of Accountability  
Program Management Office (PMO)  
Research Review Board  
2014-2015

## Conflict of Interest Disclosure Form

If it is determined that a conflict exists that could influence the research or jeopardize the well being of subjects, The Research Review Board of Tulsa Public Schools may require additional information about the conflict, may require that the conflict be resolved before the research is approved, and/or may require that the conflict be disclosed to the subject in the Informed Consent document. A separate Conflict of Interest Disclosure form is required for each principal investigator and other key personnel.

Principal Investigator Name: \_\_\_\_\_ Protocol #: \_\_\_\_\_

Title of the Research Study: \_\_\_\_\_

Individual submitting this form (print): \_\_\_\_\_

*NOTE: "immediate family" refers to spouse, children, parent, in-laws and siblings*

- I, or a member of my immediate family, own(s) equity (stock ownership, stock options, convertible note(s), or other ownership interest in any amount) in the company or other legal entity whose drug, procedure, technique, device, or software I am testing (the "Company"). Yes\_\_\_ No\_\_\_ Not Applicable\_\_\_
- The Company holds patent rights to inventions created by me or a member of my immediate family. Yes\_\_\_ No\_\_\_ Not Applicable\_\_\_
- I, or a member of my immediate family, hold(s) a position of senior management officer, or director of the Company. Yes\_\_\_ No\_\_\_ Not Applicable\_\_\_
- I, or a member of my immediate family, am/is a scientific advisor or consultant to the Company and I or a member of my immediate family receive(s) payments from the Company (including direct payments, honoraria, and all other forms of compensation.) Yes\_\_\_ No\_\_\_ Not Applicable\_\_\_
- If a device, technique, software, or procedure involved in the research is marketed, I, or a member of my immediate family, may be entitled to royalty income or income from the sale of the product. Yes\_\_\_ No\_\_\_ Not Applicable\_\_\_
- I or a member of my immediate family have/has any other financial interest that may appear to conflict with the protection of subjects or which should be disclosed to subjects in order to secure informed consent. Yes\_\_\_ No\_\_\_ Not Applicable\_\_\_

If **YES** to any of the above, include on a separate sheet an explanation of the conflict for consideration, including the name of any relevant companies.

*My signature indicates that I have provided accurate information to the best of my knowledge.*

\_\_\_\_\_  
Signature of Investigator or Key Personnel

\_\_\_\_\_  
Date