

**FINANCIAL CONFLICT OF INTEREST Form**

***Please complete and return with any protocol submitted for initial and continuing review.***

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| Study Title: Strategy for Improving Stroke Treatment Response Trial (SISTER)Funding Source: NIH/NINDSResearch-related Companies: Translational Sciences, Inc. |
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| **Name of Site PI:**       |
| **Name of Person Completing Form**:       |  |
| **Your Role in Study**:       ***This role should be consistent with the role indicated on the DOA log.*** (Examples include: Investigator, Sub-investigator, Study Coordinator, Statistician, Research Nurse, etc.) |

A financial interest related to research means a financial interest in the sponsor, product or service being tested. In order to protect participants from financial conflicts of interest the IRB requires financial relationships related to or perceived to be related to the research during the past 12 months be disclosed. If the IRB determines that a conflict exists that could influence the research or jeopardize the well-being of participants, the IRB may require additional information about the conflict or may require that the conflict be resolved before the research is approved. In addition, it may require that the conflict be disclosed to the participant in the Informed Consent Statement.

**Please indicate the following:**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes  | [ ]  No  | 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 any of the research-related companies listed above. |
| [ ]  Yes  | [ ]  No  | A Research-related company holds patent rights to inventions created by me or a member of my immediate family (spouse, children, parent, in-laws, and siblings). |
| [ ]  Yes  | [ ]  No  | I or a member of my immediate family hold(s) a position of senior management officer, or director in in any of the research-related companies listed above. |
| [ ]  Yes  | [ ]  No  | I or a member of my immediate family receive payments for providing scientific advice, consulting or speaking for any of the research-related companies listed above (including direct or indirect payments, honoraria, and all other forms of compensation). |
| [ ]  Yes  | [ ]  No  | 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 product of any of the research-related companies listed above. |
| [ ]  Yes  | [ ]  No  | I or a member of my immediate family have/has a 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  | I or a member of my immediate family has a financial interest or relationship with a Company that competes with any of the research-related companies listed above.  |

***IF ANY BOX ABOVE IS CHECKED YES, PROVIDE AN EXPLANATION ON THE NEXT PAGE OF THE CONFLICT (INCLUDING THE AMOUNT OF MONEY) FOR THE IRB’S CONSIDERATION. INFORMATION PROVIDED IS CONSIDERED CONFIDENTIAL.***

My signature below is my representation that I have accurately completed this form to the best of my knowledge.

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|  |  |
| Signature & Print Name  | Date |

If the investigator is disclosing a financial interest (i.e. checked “YES” in one of the boxes on the FCOI form), please provide the following information:

1. Identify the entity(s) of which the investigator has a financial relationship.

1. What is the amount of compensation received from that entity(s) in the past 12 months?

1. What is the amount of compensation expected from that entity(s) in the coming 12 months?

1. Please provide a description of the kind of service(s) provided to that entity(s) (e.g., consulting, speaking, proctoring, etc.)

1. Has your institution reviewed this financial disclosure in relation to the StrokeNet protocol?

YES ☐ NO☐

* 1. If yes, has your institution identified this as a conflict of interest requiring management?

YES ☐ NO☐

*OR*

Did your institution review it and deem it not to be a conflict?

YES ☐ NO☐

* 1. If yes, please provide the conditions/stipulations of how your institution is managing the conflict (e.g., disclosure in informed consent, change in research role/responsibilities, etc.)

|  |  |
| --- | --- |
|  |  |
| Signature & Print Name | Date |