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| **General Information** | | |
| **Name of Staff/Contractor/IRB Member:** |  | |
| **Primary JCHR Role or Job Title:** |  | |
| **Names of Projects or Clinical Areas:**  *(you may indicate “all” as applicable)* |  | |
| **Financially Interested Companies (FICs) with respect to these projects/clinical areas:**  *(Any entity that provides funding or support for the research project or whose financial interests would reasonably appear to have the potential to be directly or indirectly affected by the outcome or conduct of* ***this research*** *(referred to collectively as* ***FICs****). May include a party with whom a relationship would present an opportunity to interfere with service provided to JCHR (e.g., cannot negotiate agreements on behalf of JCHR with another party with whom you have a relationship).* | List of most likely FICs given the nature of the studies on which you directly work (e.g., sponsors, manufacturers of device(s) or drug(s) used JCHR study):  Eye disease/disorder sponsors and drug manufacturers  Diabetes device sponsors and manufacturers  Foundations that fund JCHR research  **Other: \_** | |
| **Disclosure Information** | | |
| **Information collected at time-point:** | **Initial Disclosure**  **Annual Update**  **Changes to report since last disclosure** | |
| **Please complete below by marking “*YES”* or “*NO”* regarding the financial interests or arrangements that are present currently, or were present during the past 12 months as it relates to you, your spouse or your dependent children.** | | |
| 1. Are you an individual that has a role or responsibility on behalf of JCHR, or for JCHR, and has another relationship or role that has the potential to conflict that could constitute a ***duality of interest*** (e.g., you serve as both JCHR Staff and IRB Member, JCHR QA Team and JCHR PD/PI, Executive Leader and JCHR PD/PI, contract for JCHR and another party in the same way on a project that impacts both parties, etc.)?   **IF “Yes”, explain: \_** | | **YES**  **NO** |
| 2. Any financial interest in any financially interested companies (see above) ***valued at > $5,000*** *(note: payments to the Institution on your behalf are not considered a Significant Financial Interest (SFI) unless otherwise specified)*:   1. The monetary value includes but is not limited to any ***payment for services*** (e.g., salary, consulting fees, honoraria, paid authorship, and advisory boards), ***equity interest*** including any stock, stock option, or ***other ownership interest***, as determined through reference to public prices or other reasonable measures of fair market value, or 2. ***Intellectual property rights and interests*** (e.g., patents, trademarks, licensing, copyrights), upon receipt of income related to such rights and interests that are FIs as defined.   ***An SFI does not include:***   1. Salary, royalties, or other remuneration paid to you by JCHR, including intellectual property rights assigned to the institution and agreements to share in royalties related to such rights. 2. Equipment, research costs, consulting fees, or other remuneration paid by a for-profit or not-for-profit entity to JCHR on your behalf. 3. Income from investment vehicles, such as mutual funds and retirement accounts, as long as you do not directly control the investment decisions made in those vehicles.   d. Income from seminars, lectures, or teaching engagements sponsored by; or from service on an advisory committee/review panels for:   * 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 | | **YES**  **NO** |
| 3. Is this ***a change in a significant financial interest*** (meets Criteria #2 above) that is now in a new category level? If yes, select new category level as follows:  $10,000-$19,999  $20,000-$24,999  $25,000-$34,999  $35,000-$49,999  $50,000-$69,999  $70,000-$89,999  $90,000-$99,999  amounts above $100,000 by increments of $50,000 | | **YES**  **NO** |
| 4. Any ***reimbursed travel*** paid to you or ***sponsored travel*** (i.e., that which is paid on your behalf and not reimbursed to you, so that the exact monetary value may not be readily available), that reasonably appears to be related to your institutional responsibilities or research conducted by you if the aggregate amount paid to or on your behalf by the same FIC is ***$5,000 or more within a 12-month period***. *This is irrespective of whether the travel occurred as part of employment or as an outside activity (Note: payment of travel funds to the institution on your behalf does not require disclosure). Reporting of the* ***name of the payer and the purpose, destination, and duration of travel*** *for each trip during the 12-month period is required.*  ***Entities excluded*** *from the reporting requirement: federal, state, or local government agencies, institutions of higher education as defined at 20 U.S.C. 1001(a), academic teaching hospitals, medical centers, and research institutes affiliated with an institution of higher education. NOTE: The Jaeb Center is an affiliate of the University of South Florida so therefore is an excluded entity.* | | **YES**  **NO** |
| For each **“YES”** response to the items above, please indicate the following:  **Value Category**  A = $5,000-$9,999 B = $10,000-$19,999 C = $20,0000-$24,999 D = $25,000-$34,999 E = $35,000-$49,999 F = $50,000-$69,999 G = $70,000-$89,999 H = $90,000-$99,999 I = $100,000-$149,999 J = $150,000-$199,999 K = $200,000-or more L = Value cannot readily be determined  **Name of FIC** (see definition above)  **Recipient** (self, spouse, child, institution)  **Nature of Relationship** (e.g., consulting, travel, employment, etc.)   * ***For travel, this must include the purpose, destination and duration of the travel!*** | | |
| ***Example: Value Category: E; Name of FIC: Drug Co. ; Recipient: Self ; Nature of Arrangement: Consulting*** | | |
| 1: Value Category: ; Name of FIC: ; Recipient: ; Nature of Arrangement:  2: Value Category: ; Name of FIC: ; Recipient: ; Nature of Arrangement:  3: Value Category: ; Name of FIC: ; Recipient: ; Nature of Arrangement:  4: Value Category: ; Name of FIC: ; Recipient: ; Nature of Arrangement:  5: Value Category: ; Name of FIC: ; Recipient: ; Nature of Arrangement:  6: Value Category: ; Name of FIC: ; Recipient: ; Nature of Arrangement:  7: Value Category: ; Name of FIC: ; Recipient: ; Nature of Arrangement:  8: Value Category: ; Name of FIC: ; Recipient: ; Nature of Arrangement:  9: Value Category: ; Name of FIC: ; Recipient: ; Nature of Arrangement:  10: Value Category: ; Name of FIC: ; Recipient: ; Nature of Arrangement: | | |

**By signing this form:**

1. I certify that the information provided on this form is, to the best of my knowledge and belief, true, complete and correct.
2. I certify that I have been trained on conflicts of interest and will follow my (or JCHR’s) policies and federal regulation on conflict of interest (21 CFR 50, 54, 56; 42 CFR 50 Subpart F; and 45 CFR 46, as applicable).
3. I certify that to the extent I have provided any information about me, my spouse and any of my dependent children, I have appropriate permission to provide the financial information on their behalf to JCHR.
4. **I agree to promptly** **update the above information if my legal name or financial interests and arrangements, or those of my spouse and dependent children, changes from the information provided above during my employment or appointment at JCHR within thirty (30) days of the change. .**
5. I agree to work with JCHR on a Conflict of Interest Management Plan to mitigate conflicts associated with this study.
6. I will provide this form (*all pages*) to JCHR as required.

***The signature and date below must either be a valid digital signature, or a handwritten signature and handwritten date.***

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| **JCHR Staff/IRB Member’s Signature / Date:** |  |

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| **JCHR ONLY** | |
| Has the form been completed in its entirety? | Yes  No: they cannot be reviewed until completed – provide comments: |
| Has the form been signed within the last 3 months? | Yes  No: do not accept until provided – add comments: |
| 1. Were any SFIs identified? | No  Yes: please complete (b) |
| 1. Please identify which reported rows are applicable. | which rows (1-10): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Were any DOIs identified? | No  Yes, explain existing mitigation: |
| 1. For any disclosures identified in (b) or (c) above, do you believe any could directly and significantly impact the design, conduct, or reporting of research? | No  Yes, SFI which rows (1-10): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes, DOI requires additional management  **A Management Plan is Required for any “yes”!** |
| **Conflict of Interest Management by JCHR** | |
| Has the Management Plan been developed with/by the Director of the HRPP? | Yes  No, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has the Director of the HRPP notified the Executive Director of Staff/IRB Member SFIs? | Yes  No |
| Has the Management Plan been shared with the disclosing Staff/IRB Member? | Yes  No |
| When will the Management Plan be brought before the convened Full IRB Board? | Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| Do you believe all conflicts have been managed? | Yes  No, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| When was the Director of Grants Administration notified? | Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| Name & Title of Person Evaluating these Disclosures on behalf of JCHR: | Signature/Date: |