**The University of Toledo**

**Financial Conflict of Interest Disclosure Form**

**IRB**

This form must be submitted with every Unsponsored (unfunded) Protocol/Proposal submitted to the IRB to assess potential financial conflicts of interest. All employees, students, collaborators or volunteers involved in the design, conduct or reporting of this protocol must complete this form**.**

**Additionally, for Sponsored Protocols/Proposals this form must be completed by personnel who are not a part of the University of Toledo and do not have a University login identity.**

**YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol/Proposal Sponsor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol/Proposal Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If applicable, please enter the Protocol/Proposal Account#: \_\_\_\_\_\_\_\_\_\_ and/or IRB#\_\_\_\_\_\_\_\_**

**Part 1 – Financial Disclosure**

**Yes**  **No** Do you, your spouse, child or other family member or close friend have or anticipate having within the next twelve months financial interests from a company or organization whose activities could possibly relate in any way to your proposed research? Financial interests include: consulting fees, equity interests in a publicly traded corporation or a non publicly traded corporation or entity(stocks, stock options or other ownership interests), property rights (such as patents or copyrights), or reimbursements for sponsored travel(except from government entities or higher educational institutions).

\*Note: The threshold for reporting is $5000(cumulative). For more information please see UT policy #3364-70-01.

If you checked “no” please sign and date below.

If you checked “yes” (above) please provide the disclosure information on Page 2 so that we may determine whether there is a significant financial interest that will need to be managed. Please note that you do not have to disclose income from mutual funds for which you do not control the investment decisions or income from seminars, lectures, or teaching engagements sponsored by a government entity or an institution of higher education. Please sign and date below.

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please forward this form to the appropriate Institutional Review Board office as part of your submission packet:**

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| Social, Behavioral & Educational IRB Office  University Hall, Room #2300  Mail Stop #944  419-530-6167  [**IRB.SBE@utoledo.edu**](mailto:IRB.SBE@utoledo.edu) | Biomedical IRB Office  Center for Creative Education, Room #0106  Mail Stop #1035  419-383-6796  **IRB.Biomed@utoledo.edu** |

**Financial Interests**

|  |  |  |  |  |
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| **Name of entity** | **Interest owner(self, spouse, other family member** | **Interest amount(or anticipated amount in next 12 months** | **Type of interest:**  **Position in company, consulting, honoraria, stocks or options, intellectual property (list separately)** | **Description (please provide any information that may be helpful in assessing the conflict and proposing a management plan.** |
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