Conflict of Interest Disclosure Statement

Project Title: [Blank]
Contracting company/institution: [Blank]

Investigator
Name: [Blank]
Department: [Blank]
College/School: [Blank]
Project Role: ☐ Principal Investigator ☐ Co-Investigator ☐ Collaborator or Key Personnel

1. Except as noted below, I have no financial or employment relationships, to include salary or other payments for services (e.g., consulting fees or honoraria), equity interests (e.g., stocks, stock options or other ownership interests), appointed position in the sponsoring agency (e.g., directors, consultants or advisory group) and intellectual property rights (e.g., patents, copyrights and royalties from such rights) with any organization or whose services or products would be affected by the outcome of the study.
   • State ‘None’ or identify any exceptions here:

2. Except as noted below, neither my spouse, dependents nor any organization with which I am connected have any of the above relationships.
   • State ‘None’ or identify any exceptions here:

3. Do you have any affiliation with the external organization that would diminish your ability to fulfill your paramount obligations to your students, your colleagues or the university, or have you involved any graduate student in a proprietary capacity with the external organization?
   ☐ No
   ☐ Yes. Describe here the nature of the affiliation and the amount of time per week you dedicate to it:

4. I am aware of my responsibilities for the maintenance of confidentiality of non-public information and for the avoidance of using any such information for my personal benefit or for the benefit of my associates or of an organization which I am connected with or with which I have a financial involvement.
   ☐ I agree
   ☐ I do not agree

Statement
I certify that, to the best of my knowledge and belief, all of the information that I have provided in this Disclosure is true, correct, complete and made in good faith. If during the course of the study any of the conditions or financial interests change from the above I will notify the Office of Research and Graduate Studies promptly.

_____________________________  ____________________
Signature of Investigator            Date