Pacific Northwest University of Health Sciences (PNWU)

111 University Parkway, Suite 202, Yakima, WA  98901

**CONFLICT OF INTEREST STATEMENT**

|  |  |
| --- | --- |
| Name: Click here to enter text. | Study Role: Click here to enter text. |

|  |  |
| --- | --- |
| **Protocol Information:** | Study Title: Click here to enter text.  Study Sponsor/Device Manufacturer: Click here to enter text. N/A  IDE/IND#: Click here to enter text. N/A 501K#:Click here to enter text. N/A |

**Conflict of Financial Interest:**

|  |  |
| --- | --- |
| 1. Do you or any member of your immediate family have a ***financial stake*** ***in the sponsor/manufacturer*** of the research or any other type of personal or professional stake in the study that could cause a potential or actual conflict of financial interest affecting such participation? | Yes No |
| If **YES**, explain: Click here to enter text. | |
| 2. Do you or any member of your immediate family have a ***significant financial stake or interest in the outcome of this research***? | Yes No |
| If **YES**, explain: Click here to enter text. | |
| *Note: “significant” means $5,000 or more in securities or other assets valued at the date of disclosure, or in relevant cumulative salary or other income, regardless of when it is earned or expected to be earned.* | |
| 3. Do you or any member of your immediate family, have or have had, any ***financial interest or any business Transaction(s) involving the study sponsor/manufacturer, or any of its affiliated entities***, or with any organization or enterprise that has done or is doing business with the study sponsor or manufacturer? | Yes No |
| If **YES**, explain: Click here to enter text. |  |

**Conflict of Commitment:**

|  |  |
| --- | --- |
| 1. Do you have adequate time available to carry out all study duties? | Yes No |
| If **NO,** what changes will be made to allow for adequate time to carry out required study duties? Click here to enter text. |  |

**Academic Conflict of Interest/Intellectual Bias**

|  |  |
| --- | --- |
| 1. Do you have an academic conflict of interest/conflict of intellectual bias that will interfere with the research process for the purpose of intangible personal gain? | Yes No |
| If **YES**, explain: Click here to enter text. |  |

**Conflict of Conscience:**

|  |  |
| --- | --- |
| 1. Are there any parts of the protocol OR studies duties that would be in **conflict of your belief?** | Yes  No |
| If **YES**, will you be able to carry out the required studies duties without bias? | Yes  No |
| If **NO**, will certain study duties be delegated to another study team member?  If **YES**, provide name of study team member Click here to enter text. | Yes  No |

I understand that it is my responsibility to report any changes to the statements above while this study is open and enrolling subjects.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_