



**FORM 02: BRANY IRB – CONFLICT REPORT FORM**

**\*Only complete this form if you answered YES on FORM 01.**

**Principal Investigator Name:** \_\_\_\_\_  
**Sponsor Name:** \_\_\_\_\_ **Protocol #/Identifier:** \_\_\_\_\_

**Name of individual/entity for whom interest is being reported:** \_\_\_\_\_

**Individual's relationship to study personnel:**

- |  |  |
|--|--|
| <input type="checkbox"/> Principal Investigator    | <input type="checkbox"/> Related party (spouse, domestic partner, & dependent children, siblings or parents residing with the individual, equivalents by marriage, or other individuals residing in the household) -- <b>To whom is the party related?</b> _____ |
| <input type="checkbox"/> Sub-investigator          |  |
| <input type="checkbox"/> Other study key personnel | <input type="checkbox"/> Other (specify): _____  |

Complete the questions below as they relate to the **study sponsor** or any **Financially Interested Company**.  
**See relevant definitions on Form 01 or in BRANY IRB's policies.**

**a) Work performed within the last 12 months not directly related to the costs of conducting research:**

<i>Check all that apply:</i>	<i>Sponsor/entity name:</i>	<i>Check all that apply:</i>	<i>Sponsor/entity name:</i>
<input type="checkbox"/> Consultant/advisor	_____	<input type="checkbox"/> Officer/Director	_____
<input type="checkbox"/> Employee	_____	<input type="checkbox"/> Fiduciary Role	_____
<input type="checkbox"/> Independent contractor	_____	<input type="checkbox"/> Other (Specify): _____	_____

**b) Compensation received within the last 12 months not directly related to the costs of conducting research (check all that apply):**

<input type="checkbox"/> Consulting fees	Value: \$_____	Sponsor/entity name: _____
<input type="checkbox"/> Honoraria (lectures, papers, teaching)	Value: \$_____	Sponsor/entity name: _____
<input type="checkbox"/> Salaries	Value: \$_____	Sponsor/entity name: _____
<input type="checkbox"/> Officer's / Director's fees	Value: \$_____	Sponsor/entity name: _____
<input type="checkbox"/> Gifts / gratuities (>\$100)	Value: \$_____	Sponsor/entity name: _____
<input type="checkbox"/> Compensation for service on advisory board	Value: \$_____	Sponsor/entity name: _____
<input type="checkbox"/> Royalty payments	Value: \$_____	Sponsor/entity name: _____
<input type="checkbox"/> Paid/reimbursed travel for research funded or supported by an HHS agency	Value: \$_____	Sponsor/entity name: _____
<input type="checkbox"/> Other (specify): _____	Value: \$_____	Sponsor/entity name: _____

**c) Board or executive relationship related to the research, regardless of compensation:**

<i>Check all that apply:</i>			
<input type="checkbox"/> Board member	Value: \$_____	Sponsor/entity name: _____	
<input type="checkbox"/> Director	Value: \$_____	Sponsor/entity name: _____	
<input type="checkbox"/> Trustee	Value: \$_____	Sponsor/entity name: _____	
<input type="checkbox"/> Other (specify): _____	Value: \$_____	Sponsor/entity name: _____	



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d) Describe anticipated work and/or receipt of compensation (within the next 12 months) not directly related to the costs of conducting research (specify any anticipated paid/reimbursed travel for research funded or supported by an HHS agency here):

Sponsor/entity name: \_\_\_\_\_ In what capacity? \_\_\_\_\_ Value: \$\_\_\_\_\_

e) Stock, stock options or other forms of ownership: Please respond to the following for each entity, including those for which the value cannot be determined through reference to publicly available prices, those for which the value may be affected by the outcome of the research, and those which represent a 5% or more interest in any one single entity.

Table with 2 main columns: PUBLICLY TRADED and NON PUBLICLY TRADED. Sub-columns include # shares, Entity name, Value, % share, and Entity name. Rows include Stock, Stock options, and Other (specify).

f) Intellectual Property Related to the Proposed Research (e.g., named as an inventor in an issued patent or patent application, license fees, technology transfers, current or future royalties from patents and copyrights):

Intellectual property: \_\_\_\_\_ Explain: \_\_\_\_\_ Value (if known): \$\_\_\_\_\_

g) Department/institution/organization’s financial interest in the agent under investigation or in a company that could benefit from the study findings, or receipt of significant financial support from such a company:

Describe department/institution/organization: \_\_\_\_\_ Describe financial interest or support (include amount/\$ value if applicable): \_\_\_\_\_

h) Do you want to voluntarily disclose anything else?

Yes/No options and describe: \_\_\_\_\_

i) Comments (optional): \_\_\_\_\_

Any change to the above responses must be promptly reported to BRANY IRB.

ATTESTATION: I certify that I have read the BRANY policy regarding Financial Conflict of Interest in Research (available in the current BRANY IRB Standard Operating Procedures). I hereby attest that with respect to the above clinical research project application that the above information is accurate and complete and that I will report any new significant financial interests within 30 days of acquisition or discovery.

Printed Name Signature Date (mm/dd/yyyy)