

**CONFLICTS OF INTEREST DISCLOSURE FORM FOR
PERSONS PERFORMING CLINICAL TRIALS REVIEWED BY
NORTH MISSISSIPPI MEDICAL CENTER IRB**

Name of Member completing this form: _____

This Disclosure is submitted in association with the clinical trial agreement entitled:

In order to protect human research subjects from financial conflicts of interest or perceived conflicts of interest, an Investigator, who, at any time, believes that he or she has, or may have, a conflict of interest should immediately disclose the existence and nature of such conflict to the IRB. If the IRB determines that a conflict exists that could influence the research or jeopardize the well-being of research subjects, the IRB may require additional information about the conflict, may require that the conflict be resolved before the research is approved, or may require that the conflict be disclosed in the Informed Consent Statement. You should consider your current business and personal relationships and those within the preceding 12 months, including your affiliations with North Mississippi Health Services and its subsidiaries, in completing this Conflict of Interest Disclosure Form.

___ Yes ___ No Do you or any member of your immediate family (spouse, children, parents, and siblings) have a "significant financial interest" in either a public or private company whose drug, procedure, technique, device or product is used or tested in human subject research at North Mississippi Medical Center or with any company making a competing product.

___ Yes ___ No Have you or any member of your immediate family received support or gifts (whether in dollars or in kind) from pharmaceutical manufacturing, research, or distribution company which influences or potentially conflicts with your research activities at North Mississippi Medical Center.

___ Yes ___ No Have you or any member of your immediate family (i) served on a board of directors or advisory board; (ii) held an executive position; (iii) served as a consultant to; or (iv) served on the speaker bureau of a pharmaceutical manufacturing, research or distribution company.

___ Yes ___ No Have you (i) been involved in the design, conduct or reporting of clinical research trials at North Mississippi Medical Center; (ii) participated in funded or unfunded research at North Mississippi Medical Center; or (iii) participated in technology, process, or product development related to human subject research activities in which the value of your compensation could be affected by the study outcome.

___ Yes ___ No Do you have any other interest that may appear to conflict with the protection of human research subjects or which should be disclosed to subjects in order to secure informed consent for research studies.

If you have answered "Yes" to any question, please include a separate letter of explanation. **Your signature below is your representation that the information provided above and on attached sheets is, to the best of your knowledge, accurate.** You must advise the Chairman of the Committee promptly of any subsequent circumstances which arise and which may come within scope or spirit of the Conflict of Interest Disclosure Statement.

Signature

Date

Number of additional pages: _____

*"Significant financial interest" means anything of monetary value including, but not limited to, salary or payments for services (e.g., consulting fees or honoraria), equity interests (e.g. stocks, stock options, or other ownership interests) and intellectual property rights (e.g. patents, copyrights, and royalties from such rights).

This term does NOT include the following:

- Financial interest in any one business enterprise or entity if the value of the interest does not (i) exceed \$5,000 in value as determined by reference to public prices or other reasonable measures of fair market value; or (ii) represents more than a five percent (5%) ownership interest when aggregated for you and your immediate family;
- Income (e.g., salary, fees, or other continuing payments) in an amount of \$5,000 or less per annum from any one business enterprise or entity when aggregated for you and your immediate family), excluding salaries or other remuneration paid by North Mississippi Medical Center or North Mississippi Health Services.
- Funds, holdings and investments in mutual, pension, retirement or similar funds over which you have no direct control.

This Disclosure must be submitted with all proposals submitted to the NMMC IRB