PROTOCOL CONFLICT OF INTEREST STATEMENT

Date Received by Ethics Office:

Date of Memo: _____ _____ New Protocol (attach précis)
Date of IRB Meeting: _____ _____ Continuing Review
Date Protocol Expires: _____ _____ Amendment

To: _____
I.C. Deputy Ethics Counselor

From: _____
Principal Investigator
cc:

Re: Documentation of Discussion of Conflict of Interests with P.I.

Protocol #:
Type of Protocol:
Title:
Principal Investigator's I.C.:
Responsible IRB:

Product(s) made by commercial entity that is the subject of the study:
Manufacturer of study product(s) (drug or device):
IND/IDE# (if applicable):
IND/IDE Holder (if applicable):
Do you know of competitors for study drug or device manufacturer(s) for purposes related to this protocol?
Keywords as per 1195:

Accountable Investigator:
Medical Advisory Investigator:
Research Contact:
Lead Associate Investigator:

List of Associate Investigators:

Name of Investigator	**NIH Employee's Institute or Non-NIH Affiliation**

___No conflicts identified ___ Conflicts if identified are resolved.
Explain:

_____ _____ _____
Deputy Ethics Counselor for IC of P.I. Date Signed Date Returned to P.I.