

**PROTOCOL CONFLICT OF INTEREST STATEMENT**

**Date of Memo:** \_\_\_\_\_  
**Date of IRB Meeting:** \_\_\_\_\_  
**Date Protocol Expires:** \_\_\_\_\_

**Date Received by Ethics Office:**  
\_\_\_\_\_ New Protocol (attach précis)  
\_\_\_\_\_ Continuing Review  
\_\_\_\_\_ 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.