

2/25/2007

PROTOCOL CONFLICT OF INTEREST STATEMENT

(Appendix 1)

Date of Memo:

Date Received by Ethics Office _____

Date of IRB Meeting:

New Protocol (attach **précis**)

Date Protocol Expires:

Continuing Review

To:

Amendment

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 IC:

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?

Key words 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.