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3. Are you currently serving as
- a. an officer, member, owner, trustee, director, expert advisor, or consultant of an organization with a direct role or stake in the study under review?
 - b. a director, officer or other decision-maker for a commercial collaborator of the human subjects research?

Yes

No

If yes, please provide the name of the organization and the role of you and/or your family member(s).

- c. Within the past 5 years have you served or anticipate serving as a co-author on a scientific paper with the principal investigator (PI) for the protocol under review, even if the subject matter is not addressed in the current study being reviewed.

Yes

No

B. PROPRIETARY

4. Do you
- a. obtain royalties that derive from intellectual property or tangible materials relevant to the development and commercialization of any product being reviewed; or are you personally named as an inventor on patents or patent applications relevant to the product(s) being reviewed in the human subjects research or products in direct competition with the product(s) being reviewed?
 - b. own or control intellectual property rights or other proprietary rights in any of the products being reviewed or in products in direct competition with such products under review?

Yes

No

C. FINANCIAL

5. Do you currently receive any funding, payment, compensation or honoraria, in any form from the commercial sponsor of the human subjects research?

Yes

No

If yes, please provide the name of the commercial sponsor and the type of compensation.

6. Do you
- a. hold stock in excess of \$5,000 in any single entity whose study is under review?
 - b. have financial interests or assets in organizations with which the individual with data safety monitoring responsibilities is connected?
 - c. receive payments based on the research recruitment or outcomes; receive payments as consultant/advisor to a commercial sponsor; or accept payment from the human subjects research sponsor?

Yes

No

If yes, please provide the name of the organization/commercial sponsor and the type of compensation.

Member certification:

- I/my spouse, dependent children, or any household members or relatives with whom I have currently personal relationships do not have any financial or other interest with any of the collaborating or competing pharmaceutical firms or other organizations involved in the study that constitute a potential conflict of interest.
- I will notify DMID promptly if a change occurs in any interests or activities during the tenure of my responsibilities that may create a potential conflict of interest.
- I will disclose interests that may create a potential conflict to the DSMB/SMC prior to any discussion so that they can be reflected in the minutes along with the determination of the DSMB/SMC on how to handle such potential conflict(s).
- I am aware of my responsibilities for maintaining the confidentiality of any non-public information that I receive or become aware of through this activity, and for avoiding using such information for my personal benefit, the benefit of my associates, or the benefit of organizations with which I am connected or with which I have a financial involvement.

Member Name Printed

Signature

Date

This box for DMID Use ONLY:

DMID review of eligibility:

I have reviewed the conflict of interest disclosure information provided, in addition to the current curriculum vitae; and find the member **is eligible** to serve as a _____ member at this time.

I have reviewed the information provided and find the proposed member **not eligible** to serve as a _____ member at this time due to an unmanageable potential conflict of interest, which is:

Director, OCRA or designee

Signature

Date