

**VA Pittsburgh Healthcare System  
Institutional Review Board  
Conflict of Interest Statement  
(IRB Members and Consultants)**

As an IRB member or consultant, I understand that I must provide information to the IRB and the Institutional Conflict of Interest Officer in order to insure that there are no financial interests or other arrangements that would constitute a conflict of interest in regard to the review of any protocol. I also understand that, in accord with 21CFR 54.2(d), this information must also include disclosure of any financial interests held by my spouse and/or dependent children

If there are any changes in the information provided in this financial disclosure after the annual filing of this form, I will provide an updated form to the office of the ACOS/R&D of the VA Pittsburgh Healthcare System within 10 (ten) days of such change. If the IRB member is assigned any protocol to review that could have the appearance of a conflict of interest, the IRB member should immediately discuss this concern with the IRB chair.

**TERMS OF DISCLOSURE:**

Check the appropriate answer to each of the four statements below. For purposes of this disclosure the term "I" includes the spouse, parent, dependent child, or general partner of the IRB member, consultant, or ad-hoc member. Provide any other additional information or clarification in the section labeled "additional information" below:

1)  I Do Have             I Do Not Have

Any involvement of immediate family in the design, conduct, or reporting of research.

2)  I Do Have                       I Do Not Have,

Any ownership interest, stock options, or other financial interest related to the research unless the value of the interest does not exceed \$10,000 when aggregated for the immediate family; the interest is publicly traded on a stock exchange; the value of the interest does not exceed 5% interest in any one single entity when aggregated for the immediate family; and no arrangement has been entered into where the value of the ownership interests would be affected by the outcome of the research.

3)  I Do Have                       I Do Not Have

Any financial arrangements with the sponsor of research studies that provides compensation when the value of the compensation exceeds \$10,000 in the past year when aggregated for the immediate family; or where the amount of the compensation is affected by the outcome of the research.

4)  I Do Have                       I Do Not Have

Any proprietary interest related to research including, but not limited to, a patent, trademark, copyright or licensing agreement.

5)  I Do Have                       I Do Not Have

Any Board or executive relationship related to research, regardless of compensation

6)  I Have                               I Have Not,

Received payments of any other kind, including, but not limited to: Payments made by a research sponsor to the researcher or to the institution to support activities of the IRB member, exclusive of the actual cost of conducting the clinical study (e.g., grants to fund other research, further grants in the form of equipment, honoraria, consulting fees...) during the last year or the current year.

7) Additional information: Provide detailed information regarding any affirmative responses below or on an attached sheet.

\_\_\_\_\_  
Printed Name of IRB member or consultant

\_\_\_\_\_  
Signature of IRB member or consultant

\_\_\_\_\_  
Date