

Touro University Nevada Institutional Review Board (IRB)

874 American Pacific Dr.

Henderson, NV 89014

702-777-8687

tun.irb@tun.touro.edu

**Conflict of Interest Statement**

|  |  |
| --- | --- |
| **Research Team Member to whom this COI statement pertains:** |  |
| **Principal Investigator:** |  |
| **Study Title:** |  |

The Touro University Nevada Institutional Review Board (IRB) requires that each **protocol** submitted to the IRB for review must be accompanied by a COI Disclosure Statement for **each person involved in the conduct, design, or reporting of research involving human subjects** in the covered study. This IRB Conflict of Interest Statement is independent of any additional forms that may need to be disclosed to other units within the University. See the TUN IRB manual for the entire Conflict of Interest policy.

**CONFLICT OF INTEREST STATEMENT**

**Check all boxes that apply to you or any member of your immediate family** (spouse, children, parent, in-laws, and siblings) in regards to the study referenced above.

[ ]  I/We have no conflict of interest to disclose.

[ ]  I/We own **equity** in the company (stock ownership equal to or greater than 5%, stock options, real estate, or other ownership interest in any amount) whose drug, procedure, technique, device, or software I am testing.

[ ]  The company holds **patent rights** to inventions created by me or a member of my family.

[ ]  I/We hold(s) a **position of senior management officer or director** of the company whose drug, procedure, technique, device, or software I am testing.

[ ]  I/we am/are **a scientific advisor or consultant to the company** **and** I/we receive **honoraria exceeding $5,000 annually**.

[ ]  I/we are aware that if a device, technique, software, or procedure involved in the research is marketed, I/we will get **royalty income or other income from the sale of the product**.

[ ]  **Any other financial interest that may appear to conflict with the protection of subjects** or which should be disclosed to subjects in order to secure informed consent.

If you indicated any conflicts of interest, please explain and provide additional information as needed for the IRB to consider the risks related to your conflict of interest M

My signature below is my representation that I have accurately represented any conflicts of interest that has the potential to adversely affect subjects in this study. I acknowledge that I am required to notify the IRB within 10 business days if a change in my disclosure status occurs.

Signature (Electronic signatures accepted):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_