



WSIRB USE ONLY

Washington State Institutional Review Board (WSIRB)
Application for WSIRB Review

Appendix N: Conflict of Interest Reporting

Project Title:

Name of Principal Investigator (PI):

Research Staff Member (if other than the PI):

Research Staff Member's Institution:

Date Prepared:

DSHS employees must complete **Appendix N: Conflict of Interest Reporting for DSHS Employees Only**, not this form.

All potential conflicts of interest must be reported to the WSIRB using Appendix N in the following circumstances:

- (1) at the time of initial submission of any Application for WSIRB Review or Exempt Determination Request;
- (2) at the time of submission of a Continuation Approval Request if there is a change regarding potential conflict of interest;
- (3) within thirty (30) days of discovering or acquiring a new or updated potential conflict of interest; and
- (4) at any time when adding new investigators or research staff to an existing WSIRB - approved study.

A separate Appendix N must be completed and submitted for each research staff member.

Potential Conflicts of Interest

Investigators and all research staff (including consultants and students) who have responsibilities related to the design, conduct, or reporting of research must report all potential conflicts of interest.

Indicate any applicable potential conflicts of interest:

- Yes No Self
- Yes No A member of your immediate family (spouse or dependent children)
- Yes No Your employer or an institution with which you are affiliated (e.g., hospital, university, etc.)
- Yes No Other Party (please describe):

Nature of Financial Interest: (Complete this section only if you answered "yes" to any of the categories above.)

- Other Employment Relationship with the research or sponsor
- Equity (stock, options, etc. – does not include diversified mutual funds or similar instructions in which shareholder has no control over the equities held by the fund):
 - Publicly traded; number of shares, etc.: _____ Value: \$ _____
 - Not publicly traded; number of shares you hold, etc.:
Approximate number of shared issues: _____ Value (estimate, if possible): \$ _____
 - Recruitment incentives (bonus Payments, etc.): _____ Value: \$ _____

- Consulting / Speaking Fees during the last 365 days
(or indicate alternative period): Value: \$ _____
- Gifts during last 365 days (or indicate alternative period): Value: \$ _____
- Corporate Officer or Board of Directors: Value: \$ _____
- Trademarks, Copyrights, Licensing Agreements,
Royalty Payments, Patent Holdings: Value: \$ _____

Comments:

Statement of Affirmation

By submitting this form I affirm that all responses and statements provided on this Appendix N are accurate and complete.