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| Washington State Institutional Review Board (WSIRB)Application for WSIRB Review**Appendix N: Conflict of Interest Reporting for DSHS Employees Only****Project Title:****Name of Principal Investigator (PI):** **Research Staff Member (if other than the PI):****Research Staff Member’s Institution:****Date Prepared:**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:****Determining Applicability of 42 CFR 50 and 45 CFR 94** DSHS receives funding by [PHS](http://www.hhs.gov/about/orgchart/) awarding components. Is this project funded by or under application for funding by any [U.S. Public Health Service](http://www.hhs.gov/about/orgchart/) (PHS) awarding component (e.g., NIH, CDC, FDA, ATSDR, AHRQ, HRSA, IHS, and SAMHSA)? If you are unsure about your response, see your institutional official or grants / contract office before answering this question.[ ]  No. The requirements under 42 CFR 50 or 45 CFR 94 pertaining to significant financial interests may not apply to you as of the date that you prepared this Appendix N. [ ]  Yes. The requirements under [42 CFR 50 or 45 CFR 94](http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf) may apply to you. You may be required to comply with DSHS’ policy for completing related training, disclosing significant financial interests, and managing financial conflicts of interest. See the DSHS institutional official for further information. DSHS employees or agents are required to satisfy DSHS-specific requirements; go to <http://rda.dshs.wa.lcl/Home/HRRS/Pages/FCOI.aspx> or <https://www.dshs.wa.gov/ffa/human-research-review-section/financial-conflicts-interest> to learn more about these requirements (access to DSHS intranet required).[ ]  CHECK THIS BOX if you satisfied these DSHS-specific requirements.**Statement of Affirmation**By submitting this form I affirm that all responses and statements provided on this Appendix N are accurate and complete.  |