# CONFLICT OF INTEREST DISCLOSURE FORM | Institutional Review Board

All investigators who submit an IRB application and report a conflict of interest must complete this form and attach it to their IRB application. Information disclosed will be treated confidentially by the IRB, strictly on a need-to-know basis. The form must be signed by the Principal Investigator (PI), and if there are any affirmative responses, also by his or her Department Chairperson. If the Department Chairperson is directly involved in the research or if there is not a Department Chairperson, the Dean must sign in the space designated for the Department Chairperson. It is the responsibility of the PI to update this information promptly if it should change prior to completion of the study. It is the responsibility of the PI to ensure that each Investigator working under his or her supervision on the project submits this disclosure form when required by the Pepperdine University Policy on Conflict of Interest in Research or Policy on PHS/NIH Conflict of Interest in Research.

|  |
| --- |
| **Name of Investigator:** |
| **Research Title**: |
| Do you have any ownership interest in any entity providing funds for this research?  Yourself: Yes  No Your Family: Yes  No |
| Do you have any ownership interest in any entity that owns intellectual property that could reasonably appear to be affected by this research project?  Yourself:  Yes  No Your Family:  Yes  No |
| Do you have any ownership interest in any entity that could reasonably appear to be affected by this research project?  Yourself:  Yes  No Your Family:  Yes  No |
| Do you serve as a paid consultant, officer, administrator, board member, or speaker for any entity that is providing funds for this research, that could reasonably appear to be affected by this research, or that has an interest in intellectual property that could reasonably appear to be affected by this research?  Yourself:  Yes  No Your Family:  Yes  No |
| Have you received in the last 12 months or will you receive in the next 12 months more than $5,000 (in cash or of monetary value) from an entity that could reasonably appear to be affected by this research (other than your salary from Pepperdine)? To answer this question, you should add the amount you receive to the amount(s) family members receive.  Yourself:  Yes  No Your Family:  Yes  No |
| Is there anything not covered in the above questions that you believe might constitute a potential conflict of interest or create the appearance of being a conflict of interest related to this research?  Yourself:  Yes  No Your Family:  Yes  No |

**Definitions:** “Family” is defined as spouse/domestic partner and dependent children. “Investigator” includes anyone who will influence the design and conduct of the research. “Financial interest” is anything of monetary value. “Ownership interest” includes equity interests such as stock and stock options.

## Detailed Financial Disclosure

If you answered ‘YES’ to any question on this form, specifically describe the financial interest or affiliation and its relationship to this project in the space provided here. If the interest consists of money or something else of value that you or your family members have received or will receive, you must disclose the amount of money or value. If the interest consists of equity that you own, you must provide the current value (if any) of the equity and the percentage of ownership of the company that it represents. You may use the space below or attach an additional sheet if needed.

|  |
| --- |
|  |

# Investigator Certification

By signing below, the PI hereby certifies that all of the information contained on this form is true and correct to the best of his or her knowledge, that he or she has made reasonable efforts to assure that accurate and complete information has been provided, that he or she has read and understand the applicable Policy on Conflict of Interest in Research or Policy on PHS/NIH Conflict of Interest in Research, that he or she agrees to comply with any conditions or restrictions imposed by Pepperdine for the purpose of managing, reducing, or eliminating actual or potential conflicts of interest in connection with this study, and that if unable to comply, that he or she understands that the University may decline the IRB application.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Investigator |  | Date |
|  |  |  |
|  |  |  |
| Signature of Faculty Advisor only required if PI is a student |  | Date |

**Administrator Certification**

By signing below, the Department Chairperson hereby certifies that he or she has reviewed this form and has determined that (please check one)

A conflict of interest exists and the department cannot recommend approval of this activity.

A conflict of interest exists but it is minimal and the department does NOT recommend management, reduction, or oversight.

A conflict of interest exists but it can be reduced, eliminated, or managed as described in the space below or attach a separate sheet of paper if necessary:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Department Chairperson\* |  | Date |

This form must then be returned to the Pepperdine University IRB Manager. If a COI exists, the University’s Institutional Official will review the recommendations listed above. The recommended plan will then either be formally instituted or modified.

\* If the Department Chair is directly involved in the research, the Dean must review and sign

\* Department Chairperson’s signature is only required when there is an affirmative response, that is, a COI is disclosed.