**INSTITUTIONAL REVIEW BOARD (IRB)**

**Conflict of Interest Disclosure Statement**

**Name:** Click here to enter text.

**Phone**:Click here to enter text.

**Department/Unit:** Click here to enter text.

**E-mail:** Click here to enter text.

An investigator has a **Conflict of Interest** in a research study when s/he or any member of his/her immediate family (spouse/spousal equivalent, parents, and children) has interests in the design, conduct, or reporting of the research that might compromise the integrity of the research. Conflicts of interest can be financial, personal, supervisory, academic, or professional. For further guidance, the University’s general Conflict of Interest Policy is set forth on the back of this Statement. The investigator has an ethical responsibility to disclose a potential conflict of interest or a possible appearance of a conflict of interest to the IRB and to potential research subjects as part of the informed consent process. If an investigator or his/her immediate family member is directly involved in potential subjects' health care, professional or academic supervision/evaluation, precautions must be undertaken to avoid the appearance of coercion or conflict of interest in the recruitment process. Please check all applicable boxes.

1. Neither I, nor any member of my immediate family, have any **financial conflict of interest** (a)that is related to or would reasonably appear to be affected by the proposed research; or (b) in external entities whose financial interests would reasonably appear to be affected by such activities.

2. I am disclosing the following **financial conflict(s) of interest**:

Salary, consulting fees, or other payments for services

Equity or ownership (stock, stock options, partnership interests or other ownership)

Intellectual property rights (patents, trademarks, copyrights, licensing rights, etc.)

Honoraria, royalties for books, publications or lectures, gifts or other payments

Positions in entity related to research (board member, officer, etc.)

Other financial interests that could affect or be perceived to affect the results of research or educational activities proposed for funding: Click here to enter text.

3. Neither I, nor any member of my immediate family, have a **personal/professional dual role conflict of interest** related to this proposed research.

4. I am disclosing the following **personal/professional dual role/authority conflict(s) of interest:**

Supervisory role as faculty/teacher, direct supervisor/manager,

Healthcare provider

Family/friend relationships

Other: ***Click here to enter text.***

If you have identified any conflict of interest (numbers 2 and/or 4), please provide additional details below. Describe how the investigator plans to manage, reduce, or eliminate the conflict: ***Click here to enter text.***

I certify, as an investigator\* of this research, that I am in compliance with and will continue to comply with Widener University’s policy and procedures pertaining to financial and/or personal/professional CONFLICT OF INTEREST. I further certify that I will comply with any conditions or restrictions imposed by the University IRB to manage, reduce, or eliminate actual or potential conflicts of interest.

***I attest to the accuracy of these answers and, should circumstances change in the future, I will contact the Widener University IRB to update this disclosure statement.***

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Signature Date

**\*All investigators listed on the IRB application must complete and sign a conflict of interest form.**