



## Statement of Financial Interest by a Covered Individual

Please ✓ the appropriate box and complete all of the information requested below and return to:

**Betsy Sansom, RN, BSN HPCR Administrative Director (COI Official)**

or

**Bonita Thomsen, RN, CCRP HPCR QA/Regulatory Compliance Manager (back-up COI Official )**

**Initial Disclosure**

First disclosure submitted within 30 days after being hired as an Investigator by Hospital Physicians in Clinical Research (HPCR), PLLC or 30 days from the date of the adoption of HPCR's Conflict of Interest (COI) Policy.

**Note:** Every covered individual at HPCR shall complete a statement of financial interest before engaging in research or submitting research proposals.

**Annual Disclosure**

Disclosure required prior to submission of progress report for upcoming year of Funding.

**Updated Disclosure**

Changes to investigators on the grant or changes to financial interest for existing investigators related to current year funding.

**Printed Name of Covered Individual:** \_\_\_\_\_

**Initials of Covered Individual:** \_\_\_\_\_

**Date of Initial Employment with HPCR:** \_\_\_\_\_  
dd/mmm/yyyy

**\*I do not have any Financial Interests to report** \_\_\_\_\_  
(Covered Individual's Initials) dd/mmm/yyyy

**\*Please complete the Affirmation Section on page 4 of 4 to complete this document.**

**IF THERE ARE FINANCIAL INTERESTS TO REPORT, THE FOLLOWING QUESTIONS WILL BE ANSWERED BY THE COVERED INDIVIDUAL INCLUDING THE AFFIRMATION STATEMENT**

DO you, or any covered family member (as defined in the HPCR conflict of interest (COI) policy), have any financial interests or arrangements described below? For any situation where the answer is “Yes”, please attach documentation which discloses the information in detail.

**Place a “✓” in the appropriate box below.  
If “Yes” to any question, please provide the details on HPCR COI Form “A”**

No	Yes	<b><u>1. Consulting and/or serving on a scientific advisory board, speaking, or any other activities for a business entity.</u></b>
No	Yes	<b><u>2. You or a covered family member (as defined in the HPCR COI Policy) holds a fiduciary position in a business entity in the preceding 12 months, including a position as a member of the board of directors, an officer, or other executive or management position, for which the covered individual received any form of remuneration or reimbursement for expenses.</u></b>
No	Yes	<b><u>3. Creating, producing, or editing publishable content</u></b> –(regardless of the medium for expression) for or on behalf of a business entity.  <b>NOTE:</b> this does not include activities that would normally be considered part of academic duties, e.g. writing scholarly or educational journal articles, books or book chapters, teaching grand rounds, serving on study sections, or serving as a editor of a scientific journal UNLESS YOU OR A COVERED INDIVIDUAL (as defined in the HPCR COI Policy) is paid to do these activities.
No	Yes	<b><u>4. Intellectual property and royalties--</u></b> any royalties, license fees, or other compensation (including investment interests), or agreements to share in royalties, license fees or other compensation (including investment interests) with respect to intellectual property, excluding royalties from publishing.

**IF THERE ARE FINANCIAL INTERESTS TO REPORT, THE FOLLOWING QUESTIONS WILL BE ANSWERED BY THE COVERED INDIVIDUAL INCLUDING THE AFFIRMATION STATEMENT**

DO you, or any covered family member (as defined in the HPCR conflict of interest (COI) policy), have any financial interests or arrangements described below? For any situation where the answer is “Yes”, please attach documentation which discloses the information in detail.

**Place a “✓” in the appropriate box below.  
If “Yes” to any question, please provide the details on HPCR COI Form “A”**

No	Yes	<p><b>5. Investment interests</b> (e.g., common or preferred stock in any form or class, warrants, options or other derivatives, partnership interests or shares, etc.) held in or promised from any single publicly traded business entity --any salary, consulting fees, honoraria, paid authorship or other payments for services received in the preceding 12 months and any investment interests as valued on the date of disclosure by reference to public prices or other reasonable measures of fair market value, all of which, when aggregated for you and covered family member that is <math>\geq</math> \$5000.00</p>
No	Yes	<p><b>OR</b></p> <p><b>5a. From any single non-publicly traded business entity</b>-- any salary, consulting fees honoraria, paid authorship, or other payments for services received in the preceding 12 months, all of which, when aggregated is <math>\geq</math> \$5000.00 and or any investment interest in the business entity.</p>
No	Yes	<p><b>6. Gifts</b> (e.g., entertainment tickets, meals, gift certificates, items, etc.) received by you or a covered family member (as defined in the HPCR COI Policy) from a single business entity that, when aggregated, exceed \$250 (Note: Gifts from covered family members are not required to be reported).</p>
No	Yes	<p><b>7. Reimbursed or sponsored travel</b> (Not by HPCR or the Federal Government within the preceding 12 months, including the purpose of the trip, the sponsoring business entity, the destination, and the duration; and other Income (e.g. any other compensation or benefit from a single business entity not otherwise described above) that reasonably appears related to your institutional responsibilities.</p>

**AFFIRMATION**

By signing this form, I am affirming the accuracy, to the best of my knowledge, of what I have disclosed on this form. In addition, by signing this form, I am affirming each of the following statements:

- (a) I acknowledge reviewing a copy of HPCR’s Financial Conflicts of Interest in Research: Disclosure, Management, and Reporting policy.
  
- (b) I have disclosed on this form, any and all activities and interests that I, my covered family members, or any Covered Individual have or have taken part in, that when considered in conjunction with my position and research activities might possibly constitute a conflict of interest.
  
- (c) If any new financial interest that requires disclosure arises, I will provide an amendment to this Statement of Financial Interest within 30 days to the HPCR Administrative Director or designee in Accordance with HPCR’s Financial Conflicts of Interest in Research: Disclosure, Management, and Reporting policy.
  
- (d) I have received HPCR’s COI training and have had all questions regarding HPCR’s COI Policy answered to my satisfaction.

**I affirm the above statements and my typed name below serves as my signature.**

**Name of Covered Individual:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**dd/mmm/yyyy**