

GREATER BALTIMORE MEDICAL CENTER
Institutional Review Board
Financial Conflict of Interest Disclosure Statement
for Projects Funded by the Public Health Service (PHS) including NIH

Name:
GBMC Department:
Position Title:

This disclosure is an:

☐ Initial statement for a new project

☐ Annual statement

☐ Update to an existing statement

List **all** PHS funded projects the investigator is engaged in:

[illegible]

If this is an initial statement for a new project, only list the identifying numbers for the new project

*****FOR ANNUAL STATEMENTS ONLY*****	
Have there been any changes since your last disclosure? ☐ No – Skip to end of form (Certification and Signature) ☐ Yes – Continue by answering questions 1-4	

1. In the twelve months preceding this disclosure, did you or any member of your immediate family (spouse, domestic partner, or dependent children) receive remuneration related to your institutional responsibilities from a **publicly traded entity** that exceeds \$5,000?

Remuneration includes salary, payment for services, consulting fees, honoraria, paid authorship, compensation for service on advisory committees or review panels or providing expert testimony, gifts, gratuities, etc.). This amount also includes the value of any equity interest in the entity (including any stock, stock option, or other ownership interest) as determined through reference to public prices or other reasonable measures of fair market value as of the date of this disclosure.

- ☐ No
☐ Yes

If yes, please attach a separate sheet with the name of the entity, nature of the interest, value, and any other relevant documentation.

2. In the twelve months preceding this disclosure, did you or any member of your immediate family (spouse, domestic partner, or dependent children) receive remuneration related to your institutional responsibilities from a **non-publicly traded entity** that exceeds \$5,000?

Remuneration includes salary, payment for services, consulting fees, honoraria, paid authorship, compensation for service on advisory committees or review panels or providing expert testimony, gifts, gratuities, etc.). This amount also includes the value of any equity interest in the entity (including any stock, stock option, or other ownership interest) as determined through reference to public prices or other reasonable measures of fair market value as of the date of this disclosure.

- ☐ No
☐ Yes

If yes, please attach a separate sheet with the name of the entity, nature of the interest, value, and any other relevant documentation.

3. Have you or any member of your immediate family (spouse, domestic partner, or dependent children) received any income from **intellectual property** rights and interests related to your institutional responsibilities?

- ☐ No
☐ Yes

4. In the twelve months preceding this disclosure, has any organization sponsored or reimbursed you for any **travel** you have taken that is related to your institutional responsibilities?

Do not include travel that is reimbursed or sponsored by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher learning.

- ☐ No
☐ Yes

If yes, please attach a separate sheet with the purpose of the trip, name of the sponsor/organizer, destination, duration, and approximate monetary value.

CERTIFICATION AND SIGNATURE

By signing this form, I certify the following:

1. The answers to these questions are accurate and truthful to the best of my knowledge.
2. I will submit an updated form annually.
3. I will promptly file a new disclosure form if the answers to any of these questions change.
4. I will comply with all applicable regulations, GBMC policies, sponsor requirements and any conflict of interest management and oversight plans issued by GBMC.

Print Name

Signature

Date