

CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE
ANNUAL CONFLICT OF INTEREST DISCLOSURE 2009
TO BE USED BY ALL MEDICAL CENTER AND RESEARCH INSTITUTE INVESTIGATORS

Name of investigator or research staff member

Department

CPMC Mailing Address

Telephone Number

E-mail address

Do you, your spouse, domestic partner, or child(ren) have financial interests in any entity that could reasonably be expected to influence the design, analysis, conduct or reporting of research in which you are involved at California Pacific Medical Center or the California Pacific Medical Center Research Institute?

No **If the answer is "no"**, please sign, date and return this statement to Connie Christensen, 2200 Webster Street, Room 514, San Francisco, CA 94115.

Signature

Date

Yes **If the answer is "yes"**, please complete the remaining questions. Use one Disclosure Form for each financial interest named. Duplicate the Disclosure as needed.

Name of the entity in which you, your spouse, domestic partner or child(ren) have financial interests.

Principal business of the entity.

Do you, your spouse, domestic partner or child(ren) hold any of the following positions in the entity named above? When considering the amount of compensation, include salary, honoraria, consulting fees, dividends and/or other financial remuneration.

Check all that apply.

Governing Board, Director or Trustee

If yes, during the next 12 months is the financial compensation expected to be : _____ \$0 _____ <\$10,000 _____ \$10,001-\$99,999 _____ \$100,000 or more

Scientific Advisory Board

If yes, during the next 12 months is the financial compensation expected to be : _____ \$0 _____ <\$10,000 _____ \$10,001-\$99,999 _____ \$100,000 or more

Partner

If yes, during the next 12 months is the financial compensation expected to be : _____ \$0 _____ <\$10,000 _____ \$10,001-\$99,999 _____ \$100,000 or more

Consultant

If yes, during the next 12 months is the financial compensation expected to be : _____ \$0 _____ <\$10,000 _____ \$10,001-\$99,999 _____ \$100,000 or more

Employee

If yes, during the next 12 months is the financial compensation expected to be : _____ \$0 _____ <\$10,000 _____ \$10,001-\$99,999 _____ \$100,000 or more

Independent Contractor

If yes, during the next 12 months is the financial compensation expected to be : _____ \$0 _____ <\$10,000 _____ \$10,001-\$99,999 _____ \$100,000 or more

Stock Ownership

If yes, during the next 12 months is the financial compensation expected to be : _____ \$0 _____ <\$10,000 _____ \$10,001-\$99,999 _____ \$100,000 or more

Stock Options

If yes, during the next 12 months is the financial compensation expected to be : _____ \$0 _____ <\$10,000 _____ \$10,001-\$99,999 _____ \$100,000 or more

OVER

Honoraria for speeches, seminars, other presentations

If yes, during the next 12 months is the financial compensation expected to be : \$0 <\$10,000 \$10,001-\$99,999 \$100,000 or more

Funding for trips or travel; any other in-kind payment

If yes, during the next 12 months is the financial compensation expected to be : \$0 <\$10,000 \$10,001-\$99,999 \$100,000 or more

Loan arrangement?

What is the value of the loan? <\$10,000 \$10,001-\$99,999 \$100,000 or more

• **Do you, your spouse, domestic partner or child(ren) receive any other financial benefits from the entity?**

No Yes

If yes, during the next 12 months is the financial compensation expected to be: \$0 <\$10,000 \$10,001-\$99,99 \$100,000 or more

Please describe _____

• **Is the entity now or could it be a subcontractor, consortium member, supplier of goods, lessor, or otherwise be financially involved with the investigator's sponsored research at the CPMC Research Institute?**

No Yes

Please describe _____

If yes, during the next 12 months is the value expected to be: \$0 <\$10,000 \$10,001-\$99,99 \$100,000 or more

• **Do any CPMC or CPMCRI employees who are members of your research staff or work in your laboratory have stock, stock options or do they receive any compensation from the entity?**

No Yes Please provide the names of these employees as they should receive COI disclosure forms as well.

• **Does the entity now, or will it in the next 12 months manufacture or commercialize any drug, vaccine, device, procedure, computer program or any other product associated with your sponsored research at the CPMC Research Institute?**

No Yes

Please describe _____

If yes, during the next 12 months is the financial compensation expected to be: \$0 <\$10,000 \$10,001-\$99,99 \$100,000 or more

• **Does the entity now or do you expect the entity to provide any scientific equipment for your use in the next 12 months?**

No Yes

Please describe the equipment and its use: _____

Is the value of the equipment: <\$10,000 \$10,001-\$99,999 \$100,000 or more

• **Is the entity funding any research conducted under the auspices of CPMC or the CPMC Research Institute?**

No Yes If yes, indicate total amount of funding from the entity. _____

• **Could it reasonably appear that the financial status of the entity might be directly affected by any of your sponsored research at CPMC or CPMCRI?**

No Yes (Please describe) _____

• **Could it reasonably appear that your financial interests (not including CPMC or CPMCRI salary) might be directly affected by your sponsored research at CPMCRI?**

No Yes (Please describe) _____

• **Is there any other information about your relationship with the entity described above that you believe could compromise your objectivity to sponsored research conducted at CPMC or CPMCRI?**

No Yes (Please describe) _____

Signature

Date