

**ADVENTIST HEALTH CARE, INC.
POLICY MANUAL**

RESEARCH CONFLICTS OF INTEREST AND DISCLOSURE POLICY

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Effective Date:      12/09                      Policy No:      AHC 4.22
Cross Referenced:                                 Origin:        OI
Reviewed:           06/09, 04/07/10, 03/20/12   Authority:     EC
Revised:            04/05/12, 1/27/14           Page:         1 of 2
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RESEARCH CONFLICTS OF INTEREST DISCLOSURE STATEMENT

Name of Covered Party Completing this Form:	
Contact Number of Covered Party (for Inquires from COIC):	
Email of Covered Party (for Inquires from COIC):	
Category of Covered Party:	
<input type="checkbox"/> Investigators (as defined in this policy) <input type="checkbox"/> IRB Member <input type="checkbox"/> Administrator <input type="checkbox"/> HRPP Staff Member <input type="checkbox"/> Sub-recipient institution/investigator <input type="checkbox"/> Consultant <input type="checkbox"/> Other, Specify: _____	
Name of Organizational Entity:	

Adventist Healthcare, Inc. IRB Protocol # (if assigned):	
Complete Protocol Title:	
Study Sponsor (if applicable):	

Do you or your Immediate Family have any of the following?	Circle one	
	Yes	No
The economic value of compensation, consulting fees, commercial writing fees, honoraria, intellectual property rights, non-AHC-related royalties, or services and/or gifts-in-kind exceed \$5,000 per year from a single for-profit entity? If yes, please specify:		
Equity Interest (stock, stock options, warrants, and ownership rights) in a nonpublicly traded corporation that is a sponsor of this or any study or owner of the drug, device, or biologic being used in this or any study whose value cannot be readily determined through reference to public prices? If yes, please specify:	Yes	No
Equity Interest (stock, stock options, warrants, and ownership rights) in a publicly traded entity, that is a sponsor of this or any study or owner of the drug, device, or biologic being used in this or any study that exceeds \$5,000 per year and/or 5 percent ownership? If yes, please specify:	Yes	No
A financial agreement with this or any Sponsor whereby the value of compensation could be influenced by the outcome of the above mentioned study? This includes compensation that could be greater for favorable clinical results, compensation in the form of an equity interest or in the form of compensation tied to sales of product, such as the royalty interest. If yes, please specify:	Yes	No

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Proprietary or other intellectual property rights (patents, license fees, copyrights, royalties) that exceeds \$5,000 per year? If yes, please specify:	Yes	No
Does the investigator have any reimbursed travel or sponsored travel related to his/her responsibilities for the research. If yes, provide the purpose of the trip, sponsor, destination and duration. (Not subject to this disclosure requirement: travel reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education is.)	Yes	No
Nonfinancial value gained from benefits of publications, grants and commercial writing? If yes, please specify:	Yes	No
<p>I certify that I have reviewed the Adventist Healthcare, Inc. Research Conflict of Interest and Disclosure Policy and the information provided above is accurate. I understand that I am obliged to amend this statement if there is a change in this information.</p> <p>Signature: _____ Date: _____</p> <p>Printed Name: _____ Title: _____</p>		