

### CPHS Checklist for Financial Conflict of Interest Human Subject Studies

Individuals who have independent roles in projects and who are responsible for the design, analysis, conduct, or reporting of the results of research performed (or to be performed) under a human subjects protocol must disclose whether or not they have a financial interest in or association with a sponsor, a company supplying or manufacturing materials, drugs, or devices being tested under the protocol, or any intellectual property used in the project. This checklist pertains to the entire project team working under the protocol. Any individual who has such an interest and/or potential conflict must comply with University regulations and procedures for disclosure of financial conflict of interest.

See the [Conflict of Interest Committee](#) website for more information.

**Please answer the following questions:**

Does any member of the project team (defined as UCB or non-UCB personnel working under the protocol) with substantive responsibility for the design, conduct, or reporting of activities under the protocol, or any member of their immediate family (defined as spouse, dependent child, or registered domestic partner) have any of the following:

- 1.  Yes  No Positions of management (e.g., board member, scientific advisor, director, officer, partner, trustee, employee, consultant) at a non-UC entity financing the research to be done under the protocol or a non-UC entity supplying or manufacturing materials, drugs, or devices being tested under the protocol
- 2.  Yes  No Equity interest (e.g., stock, stock options, investment, or other ownership) in a non-UC entity financing the research to be done under the protocol or a non-UC entity supplying or manufacturing materials, drugs, or devices being tested under the protocol
- 3.  Yes  No Intellectual property used in the protocol, such as rights to a pending patent application or issued patent to any invention(s), or license rights or copyright for software that has a direct relationship to the project proposed

I certify that the information provided is accurate and complete. I have discussed the requirement to disclose financial conflicts of interest with all members of the project team. The appropriate actions have been taken.

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator Name

**If Applicable:**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Other Personnel Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Personnel Name