**Project-Specific Disclosure Form**

This form must be completed by the Principal Investigator for each research study (and potential other research personnel, as requested by Research Compliance) regardless of funding support. Please refer to [Research Conflicts of Interest Policy](http://akn.allina.com/content1/groups/patient-care/%40akn-qst/documents/policies_procedures/sys-admin-ra-004.pdf#search=%22research conflict of%22) for additional information. Please upload this form to the IRBNet package. If you do not want your form to be visible in IRBNet to all study members, please send the form to researchcoi@allina.com.

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| **Proposal** **Title and IRBNet Submission Number:**       |

1. Please indicate all funding sources for this project:

[ ]  N/A, the project is unfunded

[ ]  Industry-Sponsor (e.g., pharmaceutical and medical device companies): Company Name:

[ ]  Federal Award

[ ]  Foundation

[ ]  Other. Explain:

1. Is this study on a specific test article (product, idea, or concept under investigation)? [ ]  Yes [ ]  No

Does a company makes the test article? If yes, identify the company.

1. Do you, or any of your immediate family members (i.e., spouse and/or dependent children) have any of the following financial, professional, or other interests that could be affected by the above-reference research project or in entities whose interests could be affected by the above-referenced research project?

**NOTE**: Please include any of the following relationships with the Sponsor listed above, or any company that you know is related to the Sponsor (i.e. Parent or Subsidiary) [ ]  N/A or None

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[ ]  Involvement in development of any product used in the research study

[ ]  Fees for consulting, honoraria, speaking, advisory or review boards, authorship, or other services

[ ]  Payments of other sorts such as grants, equipment, or other forms of support

If any boxes checked above, explain:

*Please check this box if your interest is valued at $0-$4,999 in the last 12 months* [ ]

*Please check this box if your interest is valued at $5,000-$24,999 in the last 12 months* [ ]

*Please check this box if your interest equals or exceeds $25,000 in the last 12 months* [ ]

1. Do you, or any of your immediate family members, have any proprietary interests including, but not limited to, patents, trademarks, copyrights, licensing agreements, which could be affected by the above-referenced research project?

[ ]  Yes [ ]  No If Yes, explain:

1. Do you have any other interests that could be affected by the above-referenced research project? [ ]  Yes [ ]  No

If Yes, explain:

1. Allina’s Policy requires investigators to update their annual disclosures within thirty (30) days of acquiring a new interest. Is your Annual [COI Smart Disclosure](https://allina.coi-smart.com/login.php) current? [ ]  Yes [ ]  No

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| **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:**  |
| **Print Name:**  |  |