

## **APPENDIX D:**

### Confidentiality and Conflict of Interest Statement for Monitoring Body Members

**CONFIDENTIALITY AND CONFLICT OF INTEREST STATEMENT FOR  
MONITORING BODY MEMBERS**

“STUDY TITLE” [PRINCIPAL  
INVESTIGATOR] [SITE]  
[GRANT/CONTRACT #]

**Conflict of Interest:**

As noted below:

- I am not a part-time, full-time, paid, or unpaid employee of any organization (e.g., study site institution(s) or commercial innovator, distributor, manufacturer, sponsor, or any other affiliated organization) that is involved in the studies under review;
- I am not an officer, member, owner, trustee, director, expert advisor, or consultant of such organizations and have not received research support, honoraria, royalties, or other payment from such organizations;
- I do not have any financial or academic interests or assets in any organizations meeting the above criteria, nor does any immediate family member, nor any organization with which I am connected; and
- I am not a current collaborator associated with the Investigators or commercial innovator, distributor, manufacturer, sponsor, or any other affiliated organization. I have noted below any past or anticipated future collaborations with the Investigators or commercial innovator, distributor, manufacturer, sponsor, or any other affiliated organization

Having read the above: *(please check the appropriate box)*

- I have no relevant interests or activities.
- I have noted any exceptions in the space below:

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**Confidentiality:**

I will notify the NIAMS promptly if:

- A change occurs in any of the above during the tenure of my responsibilities, or
- I discover that an organization with which I have a relationship meets the criteria for a conflict of interest.

I am aware of my responsibilities for maintaining the confidentiality of any non-public information that I receive or become aware of through this activity, and for avoiding using such information for my personal benefit, the benefit of my associates, or the benefit of organizations with which I am connected or with which I have a financial involvement.

[Name] \_\_\_\_\_  
[DSMB Member/Safety Officer]                      Signature                      Date

[Name] \_\_\_\_\_  
NIAMS [Program Director *(for grants)*/                      Signature                      Date  
Program Officer *(for Contracts)*/                      Date  
Project Officer *(for U-funded grants)*]

Laura K. Moen, Ph.D. \_\_\_\_\_  
Director, Division of Extramural                      Signature                      Date  
Research Activities