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:

__________________________________________________________________________
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)/Program Officer (for Contracts)/Project Officer (for U-funded grants)]  ___________________________  ________
Signature                      Date

Laura K. Moen, Ph.D.
Director, Division of Extramural Research Activities  ___________________________  ________
Signature                      Date