# Blessing-Rieman College of Nursing and Health Sciences

# Institutional Review Board (IRB)

## Conflict of Interest (COI) Disclosure Form

Blessing-Rieman College of Nursing IRB #1

3609 N. Marx Drive

Quincy, IL 62305

### Instructions

1. The form must be typed. Hand written forms are not accepted.
2. Fill out all items on this form. Incomplete or incorrectly completed applications will be returned to the principal investigator.
3. Submit this application as a **WORD** document; do not convert to a different file format.
4. Submit completed form and all supporting documents to irb@brcn.edu

Type in the gray fields below or next to the item and mark an X in the gray boxes. Remember to click “Save” to save your work. You will lose all information if you do not save before closing this form.

## Section A. General Information

| Research Study/Project |
| --- |
| Title |
|  |
| Anticipated Start Date: |  |
| Anticipated End Date: |  |

| Person Disclosing COI |
| --- |
| Name |
|  |
| Email Address |
|  |
| Role with the research study/project. |
|  |

## Section B. Nature of the Conflict of Interest

| Financial Interests and/or Relationships |
| --- |
| You indicated you have a financial interest and/or personal relationship with a company, foundation, organization, etc. (“entity”) that is associated with this research (e.g., sponsor, licensee, donor, provider of reagents/equipment/services, etc.) or with the technology to be studied. |
| Name of the entity. |
|  |
| Describe the entity’s business and its relationship to the research study/project. |
|  |
| Check the financial interests and relationship that are related to the entity and/or to the research study/project: (check all that apply) |
| Financial Interests and Relationships | Reporting For |
| Self | Family Member |
| Lectures, Speakers Bureau |  |  |
| Consulting, Advising |  |  |
| Scientific Advisor, Scientific Advisory Board |  |  |
| Data Safety Monitoring Board |  |  |
| Management or Executive Position |  |  |
| Board Member, Officer, Director |  |  |
| Provide Education, CME/CEU, Develop Educational Materials |  |  |
| Employment, Independent Contractor |  |  |
| Intellectual Property Rights (personal ownership) |  |  |
| Royalties |  |  |
| Gifts over $250 in Value |  |  |
| Sponsored or Reimbursed Travel |  |  |
| Stock Ownership, Business Ownership |  |  |
| Stock Options |  |  |
| Other. Describe below: |  |  |
|  |  |  |

| Manufacture/Commercialization with the Research Study/Project |
| --- |
| Will the entity manufacture and/or commercialize any drug, device, procedure, software, educational material, or other item associated with this research or that will result from this research? |
| No |  | Yes |  |  |
| If yes, describe: |
|  |

| Intellectual Property Associated with the Research Study/Project |
| --- |
| Does this research involve the use, study, or validation of any intellectual property (*e.g*., patents or patent applications, inventions, discoveries, devices, licenses, copyrights of software or educational materials)?  |
| No |  | Yes |  |  |
| If yes, identify who holds the rights and/or licenses to the intellectual property. |
|  |

| Influence and Minimization of COI |
| --- |
| Describe how your financial interests and/or relationships might have the potential to affect, or be affected by, this proposed research. |
|  |
| Describe why you believe you should participate in the study given your potential financial conflict of interest.  |
|  |
| Describe the plan to minimize the influence of your conflict of interest. |
|  |

September 2019