

Chaminade University IRB
Form VI
IRB Conflict of Interest Disclosure Form

Purpose

The purpose of this form is to disclose any **financial or non-financial conflicts of interest (COI)** related to the design, recruitment, consent process, data collection, analysis, interpretation, or reporting of research submitted to the Chaminade University Institutional Review Board (IRB).

A Conflict of Interest exists when a **financial, personal, professional, supervisory, institutional, or role-based interest** could reasonably appear to affect, or actually affect, the integrity of the research or the rights, safety, and welfare of human participants.

Conflicts of interest are not limited to financial interests. They may include **multiple roles, professional commitments, power differentials, or relationships** that could influence participant decision-making or researcher judgment. The existence of a conflict does not automatically disqualify a study from approval. However, appropriate disclosure and, when necessary, a management plan is required.

This form must be completed by all individuals involved in the design, conduct, or reporting of research, and must include disclosure of interests held by the individual's spouse or domestic partner and dependent children.

NOTE: A separate Conflict of Interest Disclosure Form must be completed by **EACH** investigator and key personnel involved in the design, conduct, or reporting of the study.

SECTION I: General Information

1. **Principal Investigator (PI) Name:**
2. **Additional Key Personnel (if applicable):**
3. **Protocol ID:**
4. **Protocol Title:**
5. **Name of Individual Completing this Form:**
6. **Role in Study (e.g., PI, Co-Investigator, Research Assistant, Faculty Advisor):**
7. **Department/ Affiliation:**
8. **Sponsor (if applicable):**

Receiving research support from a non-commercial entity (e.g., NIH, NSF, DOE) does not automatically constitute a conflict of interest. Relationships with commercial entities or individuals that may result in financial gain must be disclosed.

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SECTION II: Financial Conflicts of Interest

Please disclose any financial interests -including those held by your spouse or domestic partner or dependent children- that are related to this research and that were held within the past 12 months, are currently held, or are reasonably anticipated during the life of the study.

1. Please indicate whether you or your spouse/ domestic partner and dependent children have any of the following financial interests related to this study (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Travel reimbursement | <input type="checkbox"/> Speaking or lecture engagements |
| <input type="checkbox"/> Paid consulting | <input type="checkbox"/> Employment by the sponsor | <input type="checkbox"/> Proprietary interest* |
| <input type="checkbox"/> Paid authorship | <input type="checkbox"/> In-kind compensation (equipment, software, materials, etc.) | <input type="checkbox"/> Stock or stock options** |
| <input type="checkbox"/> Other research funding (commercial source) | <input type="checkbox"/> Advisory panel or board membership | <input type="checkbox"/> Other financial interest (describe): |
| <input type="checkbox"/> Not applicable – no financial COI to report | | |

*e.g., patent, trademark, copyright, licensing agreement, royalty

** Excluding diversified mutual funds/retirement accounts where you do not control investment decisions. Percentage salary effort charged on a grant does not need to be reported. COI reporting is for financial or other forms of gain outside institutionally paid salary support.

If any of the checkboxes in Question 1 are checked (other than “Not applicable – no financial COI to report”), please complete the following table:

Type of Financial Interest	Who Holds the Interest	Entity/ Organization	Timeframe	Estimated Value (\$)
<i>Consulting</i>	<i>Self/ Spouse/ Child</i>	<i>Company name</i>	<i>Past 12 months/ Current/ Expected</i>	<i>Amount</i>

2. Please specify the value of the financial interest, excluding institutional salary?

- Self
- Spouse/ Domestic Partner
- Dependent Child
- Not applicable – no financial COI to report**

3. Please specify the value of the financial interest, excluding institutional salary:

- \$5,000 – 9,999
- \$10,000 – 19,999
- \$20,000 – 39,999
- \$40,000 – 59,999
- \$60,000 – 79,999
- \$80,000 – 99,999
- ≥ \$100,000 (specify amount): _____
- Value cannot be determined (explain): _____
- Not applicable – no non-financial COI to report**

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SECTION III: Non-Financial Conflicts of Interest

In addition to financial interests, please disclose any non-financial interests that could reasonably appear to affect objectivity, participant welfare, voluntary participation, or research integrity.

A. Authority or Power Over Participants

- I have direct authority over potential participants (e.g., grading, employment evaluation, clinical care, supervision).
- I am recruiting individuals with whom I have a current or recent supervisory, instructional, clinical, or evaluative relationship.
- I hold a leadership or administrative role that may influence participant access, participation, or outcomes.

B. Professional, Intellectual, or Career Interests

- This research is required for degree completion, promotion, tenure, or other career advancement.
- I have a strong professional, intellectual, or advocacy commitment related to the study topic that could reasonably appear to influence objectivity.
- I hold a leadership or advisory role (paid or unpaid) in a professional society, nonprofit organization, advocacy group, or other entity related to the research topic.

C. Personal Relationships

- I have a personal or close professional relationship (e.g., family member, close friend, former supervisee) with potential participants.
- I have a prior dispute or adversarial history with members of the participant population that could reasonably affect objectivity.

D. Institutional Interests

- The research evaluates a program, service, curriculum, or intervention administered by me or by the institution.
- The institution may have a reputational, financial, or programmatic interest in the outcome of the research.

E. Other Non-Financial Interests

- Other non-financial interests (please describe): _____

If any boxes above are checked, please briefly describe how the disclosed interest(s) may relate to participant recruitment, consent, data interpretation, or reporting:

- Not applicable – no non-financial COI to report**

SECTION IV: Conflict of Interest Management Plan

The IRB will review all disclosed conflicts of interest and may require modifications to the proposed management plan, additional safeguards, or other actions to ensure the protection of research participants and research integrity.

If a financial or non-financial conflict exists, please describe how it will be reduced, eliminated, or managed (check all that apply):

- Disclosure in the informed consent document (if applicable)
- Recruitment will be conducted by an individual without authority over participants
- A non-conflicted member of the study team will obtain informed consent

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- The investigator will not access identifiable data for participants over whom they have authority
- Study roles/tasks will be delegated to a non-conflicted team member
- Data analysis will be conducted or verified by a non-conflicted individual
- Independent monitoring or oversight will be implemented
- Additional Conflict of Interest training (CITI or equivalent) will be completed
- Details: _____
- Sale, disposal, or severance of financial interests prior to study initiation
- Stock or stock options will not be bought, sold, transferred, or redeemed during the conduct of the research
- Other management strategy (describe): _____
- Not applicable – no COI to manage**

SECTION V: Certification

I certify that the responses above are accurate and complete and constitute a full disclosure of any financial or non-financial interests that may affect or reasonably appear to affect:

- The integrity of the research
- The rights, safety, or welfare of human subjects
- The voluntary nature of participation

I agree to promptly disclose any significant new information that would cause these responses to change during the course of the study.

Signature: _____

Printed Name: _____

Date (mm/dd/yyyy): _____

SECTION VI: IRB Review and Determination (For IRB Use Only)

The Chaminade University Institutional Review Board has reviewed the disclosed conflict(s) of interest and the proposed management strategy.

- No conflict requiring management identified
- Conflict identified – management plan approved
- Conflict identified – modifications required
- Additional IRB review required

IRB Chair or Vice-Chair Signature: _____

Printed Name: _____

Date (mm/dd/yyyy): _____