

NACHO CONFLICT OF INTEREST DISCLOSURE FORM

SECTION A.

Name _____
(printed)

Institution _____

Role in NACHO

- I. Study Chair
- II. Determination of research priorities/Leadership position
- III. Data Safety Monitoring Committee

1. Do you or your immediate family member (as defined in the NACHO Policy) have a **significant financial interest**, as that term is defined herein?

- Yes (Complete Sections B, C, D, E & F)
- No (Complete Sections E & F)

SECTION B. (make duplicate copies of Section B for each relevant entity)

Name of entity(ies) _____

Entity Type: _____

Describe the activity or product related to current or future NACHO based research endeavors:

Income (if applicable):

Annual income from entity:

- Less than \$5,000
- \$5,000 - \$25,000
- More than \$25,000

Basis for payments, gifts or gratuities to you or your immediate family

- Participation as an employee
- Consulting or occasional lecturing
- Service on Advisory or Directors' Boards
- Writing commissioned papers or reports
- Payment of royalties on patents and copyrights
- Speakers Bureau
- Other position that could be seen as representing, communicating, or advocating for entity or product

Ownership (if applicable):

Nature of ownership interest in entity

- Stocks or stop options
- Partnership
- Other, specify:

Percentage of ownership, issued and outstanding

- 5% or less
 Between 5 and 15%
 Between 15 and 50%
 More than 50%

Value of ownership interest

- Less than \$5,000
 \$5,000 - \$50,000
 More than \$25,000

Elaboration of answers to previous questions and description of steps already taken or being taken to oversee and manage potential conflicts of interest.

Section C.

Has your primary institution/hospital developed a specific management plan for this potential conflict of interest?

Yes No If yes, please describe:

Section D.

In addition to the above, please identify and disclose other information that is relevant to the disclosure, review, analysis, and reporting of conflicts-of-interests as stated in the NACHO Conflicts of Interest Policy, for example, personal relationships or business relationships (of you or your immediate family member) that may not involve financial compensation or implicate ownership or financial interests that would be captured by the questions above but which could be viewed as compromising commitments to NACHO scientific goals, patient safety as a clear primary interest, or your independence, objectivity, and research ethics with respect to a NACHO study because of an existing relationship or activity (personal or business) with respect to a person, entity, or product.

Section E. (make duplicate copies of Section E for each relevant entity)

REIMBURSED OR SPONSORED TRAVEL RELATED TO NACHO RESPONSIBILITIES *(If applicable: Disclosure does not apply to travel that is reimbursed or sponsored by NACHO, a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.)*

<http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>

_____ N/A

Purpose of Trip:

Name of Sponsor/Payer:

Destination:

Duration of Trip:

Comments:

Section F.

Please sign below to certify that:

- You have fully and to the best of your ability completed this disclosure form, including, if you answered “yes” to separate entries for each relevant entity on duplicated copies of Section B, below.
- You will update your disclosure form promptly if relevant circumstances change, as well as on a yearly basis
- You understand that all investigators in the NACHO must comply with the NACHO Conflict of Interest Policy

Signature

Date

NOTE: This information will be maintained confidential to the extent possible. However, this information may be provided to the relevant operating divisions of NACHO Operations Center, the NACHO Executive Committee, other relevant committees (e.g. the Data Safety Monitoring Committee) or bodies delegated the responsibility to review this information.