

IASIS
HEALTHCARE
Financial Conflict of Interest
Research Disclosure Form

Attached are the IASIS Healthcare Financial Conflict of Interest questionnaire (Part I) and Disclosure of Potential Conflict of Interest form (Part II). These documents are to be completed in compliance with IASIS Healthcare's Financial Conflict of Interest - Research Policy.

When completing these documents, please follow these guidelines:

1. These documents must be completed in conjunction with individual industry-sponsored research projects or research projects involving industry pharmaceuticals, biologics, or medical devices, and for research projects supported wholly or in part by the U.S. Public Health Service, the National Institutes of Health, the National Science Foundation, and other U.S. government agencies and submitted every time you submit an Clinical Trial Evaluation Form to IASIS Healthcare. Additionally, these documents must be submitted to I-CARE Research Supervisor on an annual basis and anytime that a change in the circumstances surrounding your research project give rise to a potential financial conflict of interest.
2. Words which are capitalized in these documents are defined in the IASIS Healthcare Financial Conflict of Interest - Research policy.
3. Part I must always be completed.
4. Part II must only be completed if you answered "yes" to certain questions in Part I (please see the last page of Part I for more information).
5. Part II must always be signed.

Please submit completed forms to:

I-CARE Office
IASIS Healthcare
117 Seaboard Lane, Building E
Franklin, TN 37067

Please provide the following identifying data:

Your Name/Title: _____

Your Address: _____

Your Phone Number: _____ Your Email Address: _____

Project Title: _____

Principal Investigator: _____

Study Funding Source or Manufacturer of the pharmaceuticals, biologics, or medical devices evaluated in study: _____

Project Dates: _____ to _____

For Funded Research Only:

Annual Amount of Support: \$ _____



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PART I

The following questions are provided to help you understand the range of activities that can give rise to potential conflict of interest situations. If any of these conditions exist, you must complete Part II of this form. IASIS Healthcare recognizes that these situations can be common and is concerned with putting mechanisms in place that will prevent any actual conflict from occurring.

FINANCIAL INTERESTS

1. Do you, or any Family member or Associated Entity own any stock, stock option or other similar ownership interest? (Does not include any interest arising solely by reason of investment by a mutual fund, pension or other institutional fund over which you have no control).
Yes ___ No ___
- 1a. If the answer to number 1 is yes, is the aggregate fair market value of such interest(s) \$10,000 or more?
Yes ___ No ___
- 1b. If the answer to number 1 is yes, is the aggregate fair market value of such interest(s) equal to or greater than 5 percent of all ownership interests in the Business?
Yes ___ No ___
2. Have you, a Family member, or Associate Entity received or have a right or expectation to receive any income from the Business in one or more of the following forms: consulting fees, honorarium, salary, allowance, forbearance, forgiveness, interest in real or personal property, dividend, royalty, rent, capital gain, or other compensation?
Yes ___ No ___
- 2a. If the answer to number 2 is yes, does the aggregate annual income expected to be received over the next 12 months exceed \$10,000?
Yes ___ No ___
- 2b. If the answer to number 2 is yes, is the commitment for future royalties beyond the next 12 months expected to equal or exceed \$10,000?
Yes ___ No ___

BUSINESS INTERESTS

3. Regardless of compensation, do you, or a Family member, hold an Executive Position with a Business that engages in commercial or research activities, that draws on your IASIS Healthcare expertise or background, or that may in any way create a conflict?
Yes ___ No ___
4. Regardless of compensation, are you, or a Family member, a member of the Board of Directors (Trustees, etc. or any Advisory Board or Committee) for a Business that supports your research or that may in any way create a conflict?
Yes ___ No ___

If you answered "yes" to any of the questions 1a, 1b, 2a, 2b, 3, or 4 you have a disclosable interest and must complete Part II of this form "Disclosure of Potential Conflict of Interest". Please submit both Part I and Part II to the I-CARE Office.



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PART II

Disclosure of Potential Conflict of Interest - Research

If you answered "no" to questions 1a, 1b, 2a, 2b, 3, and 4 you do not need to complete Part II of this form. You must still, however, sign Part II of this form and submit both Part I and Part II to the I-CARE Office.

The purpose of this form is to allow you to describe the activities in which a potential conflict of interest exists. Part II of this form must be completed if you can answer "yes" to any of the questions 1a, 1b, 2a, 2b, 3, or 4 posed in Part I of this form and have not already filed a Disclosure of Potential Conflict of Interest form relating to that activity.

1. Please specify the nature of the disclosure (place an "x" next to the appropriate statement):
 This is a new set of activities.
 This is a change in a previously existing, disclosed and approved set of activities. Date of prior approval by IASIS Healthcare: _____.

2. For each item in Part I that you checked "yes", please provide the following in a supplemental response:
 - a. Identify the Business in which you have a Financial or Business Interest;
 - b. Describe the nature of your interest (e.g., royalties, equity interest, consulting income, Executive Position, member or board of directors or advisory board);
 - c. Explain the relationship between your interest and your responsibilities with IASIS Healthcare;
 - d. Explain the mechanisms that will be instituted to minimize the chances of conflict of interest occurring:

(Please attach additional sheets if necessary)

The undersigned certifies that the information contained on this form is complete, true, and correct. I acknowledge that I have received, read, and understand the Financial Conflict of Interest - Research policy. I agree to comply with the Financial Conflict of Interest - Research policy. I understand that completion of this form does not relieve me of the obligation to disclose any actual or potential conflict of interest. I agree to immediately disclose, in writing, any new conflict of interest as such conflict may present itself in the future.

Signature: _____ Date: _____