DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Form Approved: OMB No. 0910-0396 Expiration Date: August 31, 2012

\_\_, who participated

Name of

## DISCLOSURE: FINANCIAL INTERESTS AND ARRANGEMENTS OF CLINICAL INVESTIGATORS

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clinical study

Name of clinical investigator

as a clinical investigator in the submitted study \_\_\_\_\_

\_ is submitted in accordance with 21 CFR part 54. The

named individual has participated in financial arrangements or holds financial interests that are required to be disclosed as follows:

Please mark the applicable check boxes.

- any financial arrangement entered into between the sponsor of the covered study and the clinical investigator involved in the conduct of the covered study, whereby the value of the compensation to the clinical investigator for conducting the study could be influenced by the outcome of the study;
- any significant payments of other sorts made on or after February 2, 1999, from the sponsor of the covered study, such as a grant to fund ongoing research, compensation in the form of equipment, retainer for ongoing consultation, or honoraria;
- any proprietary interest in the product tested in the covered study held by the clinical investigator;
- any significant equity interest, as defined in 21 CFR 54.2(b), held by the clinical investigator in the sponsor of the covered study.

Details of the individual's disclosable financial arrangements and interests are attached, along with a description of steps taken to minimize the potential bias of clinical study results by any of the disclosed arrangements or interests.

NAME	TITLE						
FIRM/ORGANIZATION							
SIGNATURE	Date (mm/dd/yyyy)						
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