National Cancer Institute, Division of Cancer Prevention (NCI, DCP)
FINANCIAL DISCLOSURE FORM

Form Approved: OMB No. 09125-0613
Expiration Date: XX/XX/2016

TO BE COMPLETED BY INVESTIGATOR

Collection of this information is authorized under 21 CFR 54.4. The use of this information is to disclose or certify information concerning the financial interests of the clinical investigators associated with clinical studies. This information may be disclosed to sponsors of clinical trials, National Cancer Institute, Food and Drug Administration's Center for Drug Evaluation and Research and Center for Biologics Evaluation and Research, and the Department of Health and Human Services.Submission of this information is voluntary, however, in order for us to qualify you to conduct a study in accordance with the relevant, current protocol(s), you must complete all fields.

The following information concerning _____ who is participating as a clinical investigator in the study:

_____

is submitted in accordance with 21 CFR part 54. Indicate by marking YES or NO if any of the financial interests or arrangements as described below apply to you, your spouse, or dependent children cumulatively. If the information changes during the course of the study or within one year after completion of the study, please notify NCI, DCP.

YES	NO	
☐	☐	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 (For example, compensation that is explicitly greater for a favorable outcome, or compensation to the investigator in the form of an equity interest in the sponsor or in the form of compensation tied to sales of the product, such as a royalty interest.) If yes, please attach details on a separate sheet.
☐	☐	Any significant payments of other sorts made on or after February 2, 1999, from the sponsor of the covered study, excluding the costs of conducting this or any other clinical studies. This could include payments made to the investigator or institution to support activities that have a cumulative monetary value greater than $25,000 (*i.e.,* a grant to fund ongoing research, compensation in the form of equipment, retainer for ongoing consultation, or honoraria). If yes, please attach details on a separate sheet.
☐	☐	Any proprietary or financial interest in the product tested in the covered study such as a patent, trademark, copyright, or licensing agreement. If yes, please attach details on a separate sheet.
☐	☐	Any significant equity interest in the sponsor, defined in 21 CFR 54.2(b), as any ownership interest, stock options, or other financial interest whose value cannot be readily determined through reference to public prices (generally, interests in a nonpublicly traded corporation), or any equity interest in a publicly traded corporation that exceeds $50,000 during the time the clinical investigator is carrying out the study and for one year following completion of the study

OR ☐ I hereby certify that none of the financial interests or arrangements listed above exist for myself, my spouse, or my dependent children.

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)*