DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

## DISCLOSURE: FINANCIAL INTERESTS AND ARRANGEMENTS OF CLINICAL INVESTIGATORS

Form Approved: OMB No. 0910-0396 Expiration Date: May 31, 2025

10 22 00.11 22	IED DI APPLICANI	
The following information concerning	Name of clinical investigator	, who participated
as a clinical investigator in the submitted study		
		Name of
linical study	ibmitted in accordai	nce with 21 CFR part 54. The
named individual has participated in financial equired to be disclosed as follows:	arrangements or h	olds financial interests that are
Please mark the a	pplicable check boxes.	
any financial arrangement entered into betw investigator involved in the conduct of the co to the clinical investigator for conducting th study;	vered study, where	by the value of the compensation
any significant payments of other sorts made the covered study, such as a grant to fur equipment, retainer for ongoing consultation	nd ongoing researd	
any proprietary interest in the product t investigator;	ested in the cove	ered study held by the clinica
any significant equity interest, as defined in the sponsor of the covered study.	21 CFR 54.2(b), h	neld by the clinical investigator in
Details of the individual's disclosable financial ar description of steps taken to minimize the po disclosed arrangements or interests.	_	_
NAME	TITLE	
FIRM/ORGANIZATION	1	
SIGNATURE		Date (mm/dd/yyyy)

TO DE COMPLETED DY ADDITION

## This section applies only to the requirements of the Paperwork Reduction Act of 1995.

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