

OPTN Conflict of Interest Disclosure: Tri-Annual Update **Month Year**

Instructions

The purpose of this tri-annual update is to identify any actual, potential, or perceived conflicts of interest (COIs) that may have arisen in relation to your role with the OPTN since your last update, submitted in [MONTH YYYY – annual/tri-annual disclosures]. This information is used to help assess and evaluate actual, potential, or perceived COIs.

Please answer all questions to the best of your knowledge. **If there have been no changes since your previous disclosures, you may simply respond “No, there have not been changes since my [MONTH YYYY – Annual/Tri-annual disclosures].”** If there have been updates or new affiliations to any of the questions on the COI disclosure form, you will be prompted to answer each of the standard COI questions, to which you may respond “Yes” or “No,” as applicable. For each question, if there have been changes since your [MONTH YYYY – Annual/Tri-annual disclosures], please provide details in the space provided.

Please describe both existing and potential relationships in your responses. If you are unsure if something would pose a potential conflict, please err on the side of inclusion.

Please note that answering “Yes” to any question does not automatically preclude you from serving. Responses are used to assist in assessing actual, potential, or perceived conflicts of interest.

You need not disclose:

- Participation in public comment processes
- Responses to OPTN or OPTN Contractor inquiries on behalf of your institution
- Participation in regional meeting voting processes on behalf of your institution

Conflict of Interest Policy Statement

It is the policy of HRSA and the OPTN to prohibit actual, potential and appearances of conflicts of interest.

A conflict of interest arises when the interests of the OPTN, its Board, committees, and/or the patients it serves - or the OPTN's oversight responsibilities- conflict, or appear to conflict, with a financial, personal, business, professional, or organizational interest of a covered person, including those of a covered person's affiliates or family members.

Definitions

For purposes of this Questionnaire, the following terms have the following definitions:

- Affiliate: Any entity in which you, alone or with others, own or control $\geq 35\%$ of voting power, profits interest, or beneficial interest.
- Family Member: Includes siblings, children, grandchildren, ancestors, spouses, and their equivalents by step or adoption, as well as spouses of these individuals.
- Interest: Any direct or indirect financial, personal, business, professional, organizational, or other interest, whether compensated or not.
- Transaction: Any agreement, arrangement, or activity, including contracts, grants, or cooperative agreements.

After reviewing your [MONTH YYYY – annual/tri-annual disclosures], , please indicate whether there have been any changes.

☐ Yes, there have been changes since my [MONTH YYYY – Annual/Triannual disclosures].

[If “Yes” → move to Section 1].

☐ No, there have not been changes since my [MONTH YYYY – Annual/Triannual disclosures].

[If “No” → skip to Attestation].

SECTION 1 — IDENTIFICATION

1. **Full name:** _____

2. **Title:** _____

3. Direct Phone Number: _____

4. Email: _____

5. Current Role (Select all that apply):

☐ Board Member

☐ Board Committee Member (i.e., Executive Committee, Finance Committee, Nominating Committee).

Please list the name(s) of the Board Committee.

☐ Board Officer (i.e., President, Vice President, Vice President for Patient and Donor Affairs, Treasurer, Secretary)

☐ OPTN Committee Member. *Please list the name(s) of the OPTN Committee.*

☐ Review Board Member. *Please list the name(s) of the Review Board.*

☐ Board-directed Workgroup Member. *Please list the name(s) of the Board-directed Workgroup.*

☐ Other (specify): _____

SECTION 2 — EMPLOYMENT & AFFILIATIONS

1. Current Employer

Organization Name: _____

OPTN Member Code (if applicable): _____

Role/Title: _____

SECTION 3 — TRI-ANNUAL DISCLOSURE

Except as stated otherwise, please consider each of the following questions to pertain to you (or, as applicable, a family member of affiliate) at all times during the past ten (10) years. If you answer “Yes” to any question below, you may provide information for all applicable organizations, relationships, or circumstances. Please include a separate entry for each, as applicable.

Question 1

Have you, a family member, or an affiliate been employed by, provided any (paid or unpaid) consulting or advisory services to, or otherwise had any ownership, management, financial, or business relationship with any of the following organizations:

- the Scientific Registry of Transplant Recipients (SRTR); or
- an entity or individual that has engaged in or negotiated a business transaction with the OPTN or an OPTN Member (including, but not limited to, for the sale or purchase of goods or services).

☐ Yes

☐ No

If YES, for each:

- Disclosure pertains to:
 - ☐ Myself
 - ☐ A family member
 - ☐ An affiliate
- Organization Name: _____
- Relationship Type (select all that apply):
 - ☐ Employment
 - ☐ Consulting or advisory services (paid or unpaid)
 - ☐ Other compensation arrangement
 - ☐ Board or governance role
 - ☐ Ownership or equity (including ≥35%)
 - ☐ Vendor/contract/subcontract relationship
 - ☐ Other: _____
- Four-Digit Code of OPTN Member Participating in Transaction: _____
- Transaction Description (select all that apply): _____

- ☐ Sale of goods/services to OPTN or an OPTN Member
- ☐ Purchase of goods/services from OPTN or an OPTN Member
- ☐ Other

(Describe: _____)

- ☐ Negotiation that did not result in transaction

(Describe: _____)

- Relevant Timeframe: _____

Question 2

Aside from the employer entity you identified above, do you, a family member, or an affiliate have any ownership or beneficial interest in or derive any income or other revenue from any business or enterprise, excluding interests held solely through broadly diversified funds where the individual does not control investment selections, in:

- the pharmaceutical industry
- the medical device manufacturing industry
- the organ logistics industry
- the xenotransplantation industry

☐ Yes ☐ No

If YES, for each:

Disclosure pertains to:

- a. ☐ Myself
- b. ☐ A family member
- c. ☐ An affiliate

Organization Name (and, if applicable) OPTN Member Code): _____

Description or ownership or beneficial interest (if applicable): _____

Nature of income or revenue (if applicable): _____

Approximate amount or type: _____

Question 3

Have you, a family member, or an affiliate acquired any property or other rights in which the OPTN has an interest, or is likely to have an interest based on all facts and circumstances reasonably known to you? This may include intellectual property, business interests, or other rights related to OPTN activities.

☐ Yes ☐ No

If YES, for each:

Disclosure pertains to:

- ☐ Myself
- ☐ A family member
- ☐ An affiliate

Description of circumstances and property or other rights: _____

Question 4

Have you, a family member, or an affiliate engaged in, or been affiliated with an institution that engages in advocacy, lobbying (including legislative, regulatory, or grassroots lobbying), public statements, or fundraising activities related to the OPTN?

☐ Yes ☐ No

If YES, for each:

Disclosure pertains to:

- ☐ Myself
- ☐ A family member
- ☐ An affiliate

Organization Name (and, if applicable, OPTN Member Code): _____

Nature of involvement: _____

Question 5

Have you, a family member, or an affiliate solicited, accepted, or received any gift, entertainment, or other favor associated with OPTN activities within the past five (5) years, where such gift might reasonably create the appearance of influence on your independent, objective, disinterested, and good faith decision-making? Examples may include, but are not limited to, meals, travel, or hospitality provided by industry participants or vendors; honoraria (if not otherwise excluded); or sponsored participation in events.

For the purposes of this question, you do not need to disclose an individual instance of a gift, entertainment, or other favor that is valued at \$20 or less, provided that the aggregate value of all such items received from any one entity or individual did not exceed \$50 in any particular calendar year. You also do not need to disclose gifts associated with invited lectures, guest professorships, or similar activities.

☐ Yes ☐ No

If YES, for each:

Disclosure pertains to:

- ☐ Myself
- ☐ A family member
- ☐ An affiliate

Donor/Payor Name (and, if applicable, OPTN Member Code): _____

Type of benefit: _____

Approximate monetary value of benefit: _____

Timeframe: _____

Question 6

Are you, a family member, or an affiliate a party to any other circumstance or transactions not disclosed above that may, in fact or in appearance, make it difficult or unreasonable for you to exercise independent, objective, disinterested, or good faith decision-making in furthering the best interests of the OPTN and the patients it serves?

- ☐ Yes ☐ No

If YES:

Disclosure pertains to:

- ☐ Myself
- ☐ A family member
- ☐ An affiliate

Description: _____

Attestation

The statements provided by me in this Disclosure Questionnaire are accurate and complete to the best of my knowledge, information and belief. I will promptly notify HRSA and the OPTN of any changes in such statements which may occur subsequently.

By: _____ Dated: _____

Public Burden Statement: This collection includes Organ Procurement and Transplantation Network (OPTN) Board of Directors and committee member applications and forms. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 4.8 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of

information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.