

OPTN: Ad Hoc Conflict of Interest (COI) Disclosure Questionnaire

Instructions

Please answer all questions to the best of your knowledge. If you have nothing to report, answer “no.” Please describe existing as well as potential relationships in your responses. If you are unsure whether something may pose a conflict, err on the side of inclusion.

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

You do not need to disclose:

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

Conflict of Interest Policy Statement and Definitions

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 appears to conflict, with a financial, personal, business, professional or organizational interest of a covered person, including those of a covered person's family members or affiliates.

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.
- **Party or Parties Subject to Review:** The organization(s), institution(s), or individual(s) being reviewed during the [DATE] OPTN Board of Directors meeting under Appendix L of the OPTN Management and Membership Policies.

Party or Parties Subject to Review

Please review the Party or Parties Subject to Review below before continuing. If you need to refer to this information later, use the "**Back**" button at the bottom-left corner to return to this page. Your responses will be saved.

- List of parties subject to review

Questionnaire

1. Full Name: _____
2. Email Address: _____
3. Current position or role with the OPTN (select all that apply).
 - ☐ Board Member
 - ☐ Board Committee Member (i.e., Executive Committee, Finance Committee, Nominating Committee)
 - ☐ Board Officer (i.e., President, Vice President, Vice President for Patient and Donor Affairs, Treasurer, Secretary)
 - ☐ OPTN Committee Member
 - ☐ Review Board Member
 - ☐ Board-directed Workgroup Member
 - ☐ OPTN Contractor
 - ☐ Other (specify): _____

4. Do you, a family member, or an affiliate have either:
 - a. An interest in a transaction in which there is direct or indirect participation by the Party Subject to Review; or
 - b. A compensation arrangement or other interest in or affiliation with the Party Subject to Review or any entity or individual with whom the Party Subject to Review has negotiated, is negotiating, or is contemplating negotiating any transaction; or
 - c. Any property or other rights in which the Party Subject to Review has an interest, or is likely to have an interest based on all facts and circumstances reasonably known to you or reasonably believed to be true by you at the time of acquiring the property?

Yes ☐ No ☐

If yes, for each:

☐ Disclosure pertains to:

☐ Myself

☐ A family member

☐ An affiliate

☐ Party or Parties subject to review: _____

☐ Please describe in detail the nature, background and all relevant circumstances involved: _____

☐

5. Have you, a family member, or an affiliate solicited, accepted, or received any gift, entertainment, or other favor from or on behalf of the Party Subject to Review 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 and judgement? 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 purposes of this question, you do not need to disclose an individual gift, entertainment, or other favor that is valued at \$20 or less, provided that the aggregate value of all such item 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 lecturers, guest professorships, or similar activities.

Yes ☐

No ☐

If YES, for each:

☐ Disclosure pertains to:

☐ Myself

☐ A family member

☐ An affiliate

☐ Party or Parties subject to review: _____

☐ Please describe in detail the nature, background and all relevant circumstances involved:

6. Are you, a family member, or an affiliate in a position to take advantage of any ultimate action or outcome determined by the OPTN as a result of the instant review of the Party Subject to Review?

Yes ☐

No ☐

If YES, for each:

☐ Disclosure pertains to:

☐ Myself

☐ A family member

☐ An affiliate

☐ Party or Parties subject to review: _____

☐ Please describe in detail the nature, background and all relevant circumstances involved:

7. Are you, a family member, or an affiliate a party to any other circumstance or transactions not disclosed above involving the Party or Parties Subject to Review that may, in fact or in appearance, make it difficult or unreasonable for you to exercise independent, objective, disinterested, or good faith decision-making and judgment in your role as part of the instant review of the Party Subject to Review?

Yes ☐

No ☐

If YES, for each:

☐ Disclosure pertains to:

☐ Myself

☐ A family member

☐ An affiliate

☐ Party or Parties subject to review: _____

☐ Please describe in detail the nature, background and all relevant circumstances involved:

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.

Typing your name will serve as your signature.

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.