

New York Hospital Queens
Theresa & Eugene M. Lang Center for Research & Education
Financial Disclosure Form

Name: _____

Dept: _____ Telephone #: _____

Check All That Apply: Investigator Co-Investigator IRB Member Coordinator Other _____

Yes No Have you received a summary of the Federal regulations relating to financial conflicts of interest and do you agree to uphold your responsibilities under these regulations?

Yes No Have you received a copy of the Financial Conflicts of Interest Policy and Procedure for New York Hospital Center of Queens, and do you agree to uphold your responsibilities under this policy?

Yes No To the best of your knowledge, do you or any member of your family (*parents, spouse, siblings, children*) have any specific association with any company conducting/ sponsoring research at New York Hospital Queens Medical Center of Queens?

If yes, please provide the following information:

Name of Company: _____

Nature of Financial Interest: (*check box and fill in information*)

- | | |
|---|-----------------|
| <input type="checkbox"/> Equity (stock, options, etc) | \$ Value: _____ |
| <input type="checkbox"/> Publicly traded Number of shares, etc: _____ | \$ Value: _____ |
| <input type="checkbox"/> Not Publicly traded Number of shares, etc: _____ | \$ Value: _____ |
| <input type="checkbox"/> Recruitment incentives (bonus payments, etc.) | \$ Value: _____ |
| <input type="checkbox"/> Consulting Fees during last 365 days | \$ Value: _____ |
| <input type="checkbox"/> Speaking Fees during last 365 days | \$ Value: _____ |
| <input type="checkbox"/> Gifts during last 365 days | \$ Value: _____ |
| <input type="checkbox"/> Corporate Officer or Board of Directors | \$ Value: _____ |
| <input type="checkbox"/> Other Employment Relationship | \$ Value: _____ |
| <input type="checkbox"/> Trademarks | \$ Value: _____ |
| <input type="checkbox"/> Copyrights | \$ Value: _____ |
| <input type="checkbox"/> Licensing Agreements | \$ Value: _____ |
| <input type="checkbox"/> Royalty Payments | \$ Value: _____ |
| <input type="checkbox"/> Patent Holdings | \$ Value: _____ |
| <input type="checkbox"/> Other (<i>describe</i>): _____ | \$ Value: _____ |

Name (Print)

Date

Signature

Date

Please Provide a Separate Form for Each Company/Individual
