

Reference Number: «CaseNumber»

## Appendix 2

## SUPPLEMENTAL INFORMATION REQUEST FORM

## University of Connecticut Health Center

## Conflict of Interest Management Committee

You have recently completed a *Conflict of Interest Financial Disclosure Form* (copy attached) and indicated that you have a significant financial interest (as defined in the Health Center's Conflict of Interest in Research Policy) in a sponsor of your research. This Supplemental Information Request Form is being sent to you by the Conflict of Interest Management Committee to seek additional information which will be important in determining if a conflict of interest exists. Please be assured that all information which you provide to the Committee will be held in the strictest confidence, within the limits allowable under State law. Your cooperation in providing this information is appreciated. ***Please return this completed form to the Office of Research Compliance, University of Connecticut Health Center, MC-2806, Farmington, CT. Direct questions to Dr. Joan Caron (X2845) or Dr. Gustavo Fernandez (X8125).***

Investigator: «Title» «FirstName» «LastName»

Department: «Department»

Name of Business: «Company»

1. Please provide a **full** explanation of your relationship with this sponsor by responding to the following questions:

- a) Do you (the term ***you*** includes you, your spouse and your dependent children) have an ownership interest in the sponsor?  Yes  No

If yes, does this interest include: (check as many as apply)

- Stock. Indicate number of shares, what approximate %age of the sponsor's total stock this represents, and whether this stock is publicly or non-publicly traded.
- Partnership. Describe
- Other ownership interest. Describe

**Appendix 2 (continued)**

- b) Have you received personal income from this sponsor within the past 12 months, or expect to receive during the next 12 months, totaling more than \$10,000?

Yes       No

If yes, how much? \$ \_\_\_\_\_

This income is/was in the form of:

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Consulting Fees | <input type="checkbox"/> Honoraria        | <input type="checkbox"/> Salary    |
| <input type="checkbox"/> Per Diem        | <input type="checkbox"/> Stocks           | <input type="checkbox"/> Dividends |
| <input type="checkbox"/> Bonds           | <input type="checkbox"/> Stock Options    | <input type="checkbox"/> Gifts     |
| <input type="checkbox"/> Loans           | <input type="checkbox"/> Other (Describe) |                                    |

- c) What services, related to this income, did you perform for this sponsor?

- d) Does this sponsor provide you with research, or any other funding administered through the University of Connecticut Health Center or the University of Connecticut Foundation?

Yes       No

If Yes, please provide details on the account number, amount and project title for this research funding.

- e) Do you expect to receive from this sponsor, within the next 12 months, research, or any other, funding administered through the University of Connecticut Health Center or the University of Connecticut Foundation?

Yes       No

If yes, please provide details.

**Appendix 2 (continued)**

2. Do you have funding from non-sponsor sources in which your research from these sources is related to the interests of the sponsor?

Yes       No

If Yes, please provide details on the account number, amount and project title for this research funding.

NIH       NSF  
Other \_\_\_\_\_

3. Does your research involve the FDA?  Yes       No

If Yes, please describe your involvement with the FDA.

4. Please provide a detailed description of the relationship of the sponsor's business interests to your research at the University of Connecticut Health Center.

5. Do you hold a position of responsibility with the sponsor (director, officer, partner, trustee, employee, etc.)?

Yes       No

If yes, please describe that position and its relationship to your research at the University of Connecticut Health Center.

6. Does the sponsor participate in deciding the direction of the research?

Yes       No

If yes, please describe the nature of that participation and your role in that process.

**Appendix 2 (continued)**

7. Does the nature of your relationship with the sponsor in any way affect your ability to publish research results?

Yes             No

If yes, please explain

8. Are graduate students engaged in projects that are subject to the relationship between you and the sponsor of your research at the University of Connecticut Health Center?

Yes             No

If yes, please describe what steps are being taken to ensure that the progress of the students' thesis research is not being affected by your relationship with the sponsor.

9. How are you keeping your obligations to the sponsor separate and distinct from your obligations to the University of Connecticut Health Center?

10. Does the nature of your relationship with the sponsor in any way affect the rights of you, your co-workers, or the University, to intellectual property (patents or copyrights) resulting from the research?

Yes             No

If yes, please explain.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date