

Appendix B

Disclosure Form

This form is confidential when completed.

The information collected will be used by Department Chairs, Directors and Supervisors in the Max Rady College of Medicine to record and assess potential Conflicts of Interest of the individual making the disclosure. These reports will be shared confidentially with the Dean, Max Rady College of Medicine. De-identified data may be used for aggregated reports.

Name			
Reporting period	20_____	to	20_____
Department			
Clinical institution(s)			
Research institution(s)			

1. INCOME

Record all compensation received from industry sources in the reporting period

Source	Amount (\$)	Reason for Payment	Notes
		<input type="checkbox"/> Salary <input type="checkbox"/> Honorarium <input type="checkbox"/> Consultancy fee <input type="checkbox"/> Research support <input type="checkbox"/> Other (specify):	

		<input type="checkbox"/> Salary <input type="checkbox"/> Honorarium <input type="checkbox"/> Consultancy fee <input type="checkbox"/> Research support <input type="checkbox"/> Other (specify):	
		<input type="checkbox"/> Salary <input type="checkbox"/> Honorarium <input type="checkbox"/> Consultancy fee <input type="checkbox"/> Research support <input type="checkbox"/> Other (specify):	

OR

I have nothing to declare

2. HOLDINGS

Record all financial interests or ownership interests in Industry held by you, your Medical or Other Corporations or by your close relatives (Related Parties as defined in the Policy) in businesses operating in areas related to your practice, research, or other professional activity. Holdings in mutual funds are not reportable in this category.

Company	Self	Spouse or Immediate Family	Relationship to practice, research, or professional activity	Measures to manage potential conflict of interest
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

OR

I have nothing to declare

_____ Signature

_____ Date