

**Research Institute for Health Sciences
Chiang Mai University, Thailand**

**Significant Financial Interests Disclosure Form
Part I**

Specific Instructions: Place a check in the appropriate column for each question. Once every question is answered, the investigator must certify the information by signing the bottom of the form.

Investigator Name: _____ Date of Disclosure: _____

Position Related to NIH Study: _____

Email: _____ Phone: _____

If there is a significant change in the member's interests, it is incumbent upon the member to report said change to his/her network at the time of the change. Each completed statement should cover the previous 12 months and present day circumstances.

Questions	Yes	No
Do you, your spouse or dependent child(ren) hold a position of management, such as board member, director, officer, partner, trustee, employee or consultant with a sponsor, a vendor or (sub) contractor related to the sponsored program activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse or dependent child(ren) have Significant Financial Interest in a Sponsor, a vendor or (sub) contractor related to your sponsored program activity? "Significant Financial Interest" includes stock, stock options, and/or any other ownership interest in a single entity valued at more than \$5,000 or 5% ownership.	<input type="checkbox"/>	<input type="checkbox"/>
Is it reasonable to anticipate that your financial interest could be directly and significantly affected by the design, conduct, or reporting of your sponsored program activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "No" to ALL of the questions above, your Disclosure is complete; you do not have to submit Part II. Please sign and date the certification below and forward to the Head, Regulatory Compliance Unit

If you answered "Yes" to ANY question above, please complete a separate Part II for **every** outside organization

Investigator Certification:

- I have read and understood the Policy on Financial Conflict of Interest in PHS-funded Research.
- I agree to file a new or updated Significant Financial Interests Disclosure Form if the answer to any of the above questions changes.
- I certify that the answers to the declaration are accurate and truthful to the best of my knowledge.

Signature: _____ Date: _____

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**Significant Financial Interests Disclosure Form
Part II**

Complete Part II only if you answered, "YES" to at least one of the questions in Part I.

Attach one Part II form for each organization with which you have the relationship(s) indicated in Part I.

Investigator Name: _____

Number of Part II forms submitted:, of which, this is number: _____

1. Name of organization: _____

2. Financial relationship(s) with the organization (check all that apply): _____

☐

Consultant

☐

Employee

☐

Equity Interest

☐

Recipient of Honoraria

☐

Recipient of Royalties

☐

Other (Describe): _____

☐

Stock/stock option

3. The financial relationship is between the organization and (check all that apply):

☐

Self

☐

Spouse

☐

Dependent Child(ren)

4. Have you received in the last twelve (12) months, or do you expect to receive in the next twelve (12) months, payments for salary, director's fees, consulting, honoraria, royalties, or any other payments that when aggregated with payments from this organization to your spouse and/or dependent child(ren) will exceed \$5,000?

Y ☐

N ☐

5. Have you had in the last twelve (12) months or do you anticipate having in the next twelve (12) months, stock, stock options, or other equity interests in the organization which, when aggregated with those of your spouse and dependent child(ren) in this organization, have a fair market value exceeding \$5,000 or represent an ownership interest of 5% or more?

Y ☐

N ☐

6. What relationship, if any, is there between the business or activities of the organization and your current or planned areas of research?

I declare that the information provided on this form is, to the best of my knowledge and belief, true, correct, and complete. Furthermore, if my financial interests and arrangements, or those of my spouse, and dependent children, change from the information provided above during the course of the study, I will update immediately.

Signature: _____

Date: _____