

## Financial Disclosure for Research Form

\_\_\_\_\_  
Initial I have read Gillette Children's Specialty Healthcare's policy on **Conflict of Interest in Research** (RES 3.0). I understand the contents of this policy and will abide by the regulations set forth.

\_\_\_\_\_  
Initial I have completed the training module on Conflict of Interest in the past 4 years.  
(click here for [Training Module](#))

Do you have a financial conflict of interest to disclose related to your current research?  
If no, continue below.

If yes, complete the **Management of Conflict of Interest** form to begin the process for a management plan to be created.

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

\_\_\_\_\_  
Name of Investigator (printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Upon completion of this form forward to: [Research.Administration@gillettechildrens.com](mailto:Research.Administration@gillettechildrens.com).