

### Management of Conflict of Interest Form

If you need help in completing this form contact [Research.Administration@gillettechildrens.com](mailto:Research.Administration@gillettechildrens.com) or 651-229-1745.

1. Name of individual completing form:
  
2. Name of company with which there is a proposed relationship:
  
3. Nature of the relationship either Existing or Anticipated. Please check ALL that apply, i.e., if you are currently a founder and a consultant proposing to receive gift funds, you would check both of the appropriate boxes under EXISTING and the gift box under PROPOSED, and enter the amount (in \$ or % equity) of financial interest of each.

Relationship/Activities	EXISTING (prior year)	ANTICIPATED (next year)	Comments
Founder			
Employee/Executive Position			
Scientific Advisory Board			
Consultant			
Stock or Ownership Interest			
Gift			
Sponsored Project			
Licensors of Technology			
Clinical Trial			
Other: Speaker's Bureau			
Annual Total for year (\$)			

4. If you checked either Existing or Anticipated for Sponsored Research, Gift, or Clinical Trial, please answer the appropriate questions below:
  - Is the sponsored research being conducted for regulatory approval or does it use a technology licensed to the sponsor? (explain)
  
  - How do you intend to use the funds? (explain)

- Is the Clinical Trial testing your own invention or the company's own products? (explain)
5. What is your role in the proposed activity or relationship (e.g., PI of study, co-investigator, organizer of CME, etc.)? (explain)
6. Who else will be involved in the activity (students, residents, fellows, etc.) and how?
7. How might the proposed relationship affect your research, including the research projects of your residents/fellows?

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

**Management plan (to be completed by the Research Committee)**