

# NSABP FOUNDATION, INC.

## DECLARATION OF POTENTIAL CONFLICT OF INTEREST OR COMMITMENT

### PART I

#### Statement of Outside Interests and Activities

Disclose those outside interests related to clinical trial research activities. Not all outside interests and financial relationships place the individual in conflict with the person's obligations to the NSABP or his profession. Not all conflicting interests are necessarily impermissible. Timely and complete disclosure of potential conflicts of interest protects you from suspicion and accusations of breach of integrity.

NAME \_\_\_\_\_ Date \_\_\_\_\_  
(Please type or print clearly)

OFFICE ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**Submit completed, signed and dated form(s) within 1 month to NSABP via email to [sheila.evans@nsabp.org](mailto:sheila.evans@nsabp.org)**

#### **Purpose**

The purpose of this disclosure statement is to provide a process for management staff and investigators to ensure that no unresolved conflict exists between their NSABP commitments and their outside interests and activities. This statement conforms to current federal guidelines requiring disclosure for professional activities of managers, and investigators. This statement establishes specific guidelines to assist the NSABP in determining whether a potential conflict exists so that any conflict may be managed, reduced, or eliminated.

#### **Procedure**

All NSABP Significant Research Contributors must complete this form annually and submit it to the NSABP. All forms must be submitted within 30 days of receipt of the document. In addition, investigators must submit a current copy of this form whenever the investigator is asked to serve as chair of a new protocol. All NSABP management personnel & investigators must submit a Declaration whenever they believe new facts create a potential or actual conflict of interest.

**1. Ownership Interests**

In the most recent 12 months, did you or any member of your immediate family' own or have an equity interest in excess of \$5000 or representing more than 5% ownership in any organization in your field of interest or specialization?

YES  NO

**2. Offices and Positions**

In the most recent 12 months, were you or any member of your immediate family, a director, officer, partner, employee, or agent, or in a managerial position in any organization that might be affected by your research or administrative activities at the NSABP? (You need not answer with respect to governmental committees, community, political, academic, charitable, religious, social or professional not-for-profit organizations.)

YES  NO

**3. Remunerative Activities**

**IF YOU WERE AN EMPLOYEE** of the NSABP or an associated entity during the past 12 months, please answer the following questions:

- a. Have you received income (cash or in kind, other than reimbursement of reasonable expenses) related to your research or administrative activities from any one organization outside the NSABP and its associated entities in excess of 1% of your annual salary, or
- b. Has the aggregated sum of related income received by you and any member of your immediate family exceeded \$5,000, or
- c. Have you received Intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests?

a.  YES  NO

b.  YES  NO

c.  YES  NO

<sup>1</sup> Immediate family is defined as an individual's spouse, dependents, and all members of the SRC's household, including registered domestic partners.

**4. Remunerative Activities**

**IF YOU WERE NOT AN EMPLOYEE** of the NSABP or an associated entity, during the past 12 months, please answer the following questions:

- a. Have you received income (cash or in kind, other than reimbursement of reasonable expenses) related to your research or administrative activities from any one organization outside of your primary employer and its associated entities in excess of 1% of your annual salary, or
- b. Has the aggregated sum of related income received by you and any member of your immediate family exceeded \$5,000, or
- c. Have you received intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests?

a.         YES                       NO  
 b.         YES                       NO  
 c.         YES                       NO

**5. Other Transactions**

During the most recent 12 months, did you or any member of your immediate family have an interest in any contract, sale of goods or services, or other financial transactions to which the NSABP was a party; or are there other situations (not listed above) that you believe may create an actual or perceived conflict of interest?

YES                               NO

**By signing below:**

- The above is an accurate and current statement of my reportable outside interests and activities.
- I acknowledge receipt of the NSABP Conflict of Interest & Commitment Policy, version 9/10/2021 POL008.03, have read and understand the document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS IN PART I, PLEASE COMPLETE PART II (pages 4-8).**

# NSABP FOUNDATION, INC.

## DECLARATION OF CONFLICT OF INTEREST AND COMMITMENT

### PART II

#### Statement of Outside Interests and Activities

**PLEASE COMPLETE ONLY IF YOU ANSWERED "YES" TO QUESTIONS IN PART I**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Please type or print clearly)

OFFICE ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Submit completed, signed and dated form(s) within 1 month to NSABP via email to [sheila.evans@nsabp.org](mailto:sheila.evans@nsabp.org)

#### 1. Ownership Interests

If, during the most recent 12 months, you or any member of your immediate family<sup>1</sup> owned an equity interest in excess of \$5,000 or representing more than 5% ownership in any organization in your field of interest or specialization, give details below.

Organization	Address	Nature of Business	Relationship of Family Member	Value of Equity Interest

<sup>1</sup> Immediate family is defined as an individual's spouse, dependents, and all members of the SRC's household, including registered domestic partners.

**2. Office and Positions**

Please give details if, during the most recent 12 months, you or any member of your immediate family, were a director, officer, partner, employee, or agent, or in a managerial position, in any organization that might be affected by your research or administrative activities at the NSABP. (You need not answer with respect to charitable, religious, social or professional not-for-profit organizations.)

Organization	Address	Nature of Business	Relationship of Family Member	Position Held

**3. Remunerative Activities**

**IF YOU ARE AN EMPLOYEE** of the NSABP or an associated entity, please give details if, during the most recent 12 months:

- a. you have received income (cash or in kind, other than reimbursement of reasonable expenses) related to your research, or administrative activities from any one organization outside the NSABP and its associated entities in excess of 1% of your annual salary, or
- b. the aggregated sum of related income received by you and any member of your immediate family exceeded \$5,000, or
- c. you have received intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests

<b>Organization</b>	<b>Address</b>	<b>Nature of Business</b>	<b>Relationship of Family Member</b>	<b>Value of Income or Equity Interest</b>

**4. Remunerative Activities**

If **YOU ARE NOT AN EMPLOYEE** of the NSABP or associated entity, please give details, if during the most recent 12 months

- a. you have received income (cash or in kind, other than reimbursement of reasonable expenses) related to your research, or administrative activities from any one organization outside your primary employer and its associated entities in excess of 1% of your annual salary, or
- b. the aggregated sum of related income received by you and any member of your immediate family exceeded \$5,000, or
- c. you have received intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests

Organization	Address	Nature of Business	Relationship of Family Member	Value of Income or Equity Interest

**5. Other Transactions**

Please give details if, during the most recent 12 months, you or any member of your immediate family have an interest in any contract, sale of goods or services, or other financial transactions to which the NSABP was a party; or other situations, not listed above, that you believe may create an actual or perceived conflict of interest.


The above is an accurate and current statement of all my reportable outside interest and activities.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**