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| **Please complete all information below, return the original, signed version to INC Research, and retain a copy of this questionnaire in your Investigator Study Files.** | | |
| **1. Protocol title and number:** CMO-US-GI-0429: A Phase 4 Multicenter, Multinational, Prospective, Randomized, Placebo-Controlled, Double-Blinded Parallel Group Study to Assess Efficacy of Eluxadoline in the Treatment of Irritable Bowel Syndrome with Diarrhea (IBS-D) in Patients Who Report Inadequate Control of IBS-D Symptoms with Prior Loperamide Use (RELIEF) | | |
| **2.**  **Principal Investigator Sub-investigator Name:**  **John Emmanuel Fkiaras, DO** | | |
| **3. Institution Name:** IMA Medical Research, PC | | |
| **4. Address:** 80-02 Kew Gardens Road, Suite 102, Kew Gardens, NY 11415 | | |
| **5. Mark YES or NO in response to each of the questions below:** | | |
| YES NO | **Are there any corporations, partnerships, limited liability companies or other business entities with whom you are affiliated or doing business as (other than your Institution) that may have received payments from the Study Sponsor?**  If YES, please list: | |
| YES NO | **Do you, your spouse or any of your dependent children have any proprietary interest (i.e., any property or other financial interest, including, but not limited to, patents, trademarks, copyrights or licensing arrangements) in the tested product which is the subject of the Study?**  If YES, please describe: | |
| YES NO | **Are you aware of any arrangement with the Study Sponsor whereby (i) the compensation paid to you, your spouse or any of your dependent children, for services in connection with conducting the Study, is in the form of an equity interest in the Study Sponsor or is in any way based on sales of the tested product which is the subject of the Study, or (ii) the value of such compensation may be influenced by the outcome of the Study?**  If YES, please describe: | |
| YES NO | **Do you, your spouse or any of your dependent children (whether individually or together) own stock of the Study Sponsor having an aggregate value of $50,000 USD or more?**  If YES, please describe: | |
| YES NO | **Are you aware of any arrangements whereby the Study Sponsor has made, or intends to make (on or after February 2, 1999 and at any time during the Study or within one (1) year following completion of the Study), any payment or payments in an aggregate amount of more than $25,000 USD (excluding the costs of conducting the Study or other clinical studies) to you, your spouse or your dependent children, or to your Institution to support your activities (e.g., grants to fund ongoing research, compensation in the form of equipment or retainers for ongoing consultation or honoraria)?**  If YES, please describe: | |
| **The undersigned represents, warrants and certifies to the Study Sponsor that the responses to the above questions are, to the best of his/her knowledge and belief, accurate and complete.** | | |
| **THE UNDERSIGNED HEREBY AGREES TO PROMPTLY NOTIFY THE STUDY SPONSOR IN WRITING IN THE EVENT ANY OF THE RESPONSES TO THE ABOVE QUESTIONS CHANGE, IN ANY MANNER, PRIOR TO THE COMPLETION OF THE STUDY OR DURING THE PERIOD ENDING ONE (1) YEAR FOLLOWING THE COMPLETION OF THE STUDY.** | | |
| **6. Signature:** | | **7. Date:** |