DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

## **DISCLOSURE: FINANCIAL INTERESTS AND** ARRANGEMENTS OF CLINICAL INVESTIGATORS

Form Approved: OMB No. 0910-0396 Expiration Date: August 31, 2012

		ICANT
The following information	concerning	, who participated
as a clinical investigator i	n the submitted study	
is a cillical investigator il	Title Submitted Study	Name of
	is submitted in	accordance with 21 CFR part 54. The
named individual has parequired to be disclosed a	•	ents or holds financial interests that are
	Please mark the applicable chec	ck boxes.
investigator involved	in the conduct of the covered stud	oonsor of the covered study and the clinica dy, whereby the value of the compensation ould be influenced by the outcome of the
the covered study,		fter February 2, 1999, from the sponsor og research, compensation in the form ogria;
any proprietary inte investigator;	erest in the product tested in	the covered study held by the clinica
any significant equity	•	54.2(b), held by the clinical investigator in
	en to minimize the potential bia	its and interests are attached, along with a s of clinical study results by any of the
	TITLE	
NAME	=	
NAME		
NAME FIRM/ORGANIZATION		

## **Paperwork Reduction Act Statement**

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