## REV MAY2006

## ORS FORM 5b

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Researcher's Signature

## UNIVERSITY OF HAWAI'I OFFICE OF RESEARCH SERVICES FORM 5b CONFLICT OF INTEREST DISCLOSURE

CONFLICT OF INTEREST DISCLOSURE
Directions: If you checked a box in section E of the ORS Form 5, noting that an actual or potential conflict of interest exists  Complete and attach this form to your proposal submission.  Print this form on YELLOW paper, complete and attach to proposal submission
Name of Researcher Proposal Sponsor: Proposal Title: [Max 500 characters]
Even a perceived conflict of interest, if not explained, can be damaging to the University and the validity of the research. You must obtain permission from the designated University conflicts official any time a reasonable person with knowledge of the relevant facts would question your impartiality in the conduct of the research. Please answer the following questions as accurately and completely as possible. Attach additional sheets or provide documentation when necessary.  Please enter "NONE" to each question that does not apply.  Financial or Equity Interest in Sponsor: Do you or members of your family have a financial or equity interest in the proposed sponsor? If yes, please describe nature of financial/equity interest:
<ul> <li>Prior or Existing Relationship with Sponsor:</li> <li>A. Have you or members of your family ever consulted for, or been employed by, or received compensation from the proposed sponsor (e.g. as a board member, employee, emeritus, etc.)?</li> <li>B. Do you or members of your family have any other kind of relationship with the proposed sponsor which may give rise to a possible conflict of interest?</li> <li>If you answer yes to either A or B, please describe the nature, extent, and length of the relationship(s):</li> </ul>
Other Financial Benefit: Is there a possibility that you or members of your family will benefit financially from the proposed research either directly or indirectly? Please disclose any related royalty, stock, or other financial interests:
Third Parties Who Stand to Gain: Are there other persons, businesses, or entities who stand to gain (financially or otherwise) from the proposed research with whom you or a member of your family has a relationship? If yes, please describe the nature, extent, and length of the relationship(s):
Other Conflicts: Please list and describe any other possible conflicts which may arise due to your participation in the proposed research which you have not identified above:
<b>CERTIFICATION:</b> I hereby certify that I have answered truthfully and to the best of my knowledge the above questions. I also certify that should additional facts or details become available which alter my answers above, I will bring it to the attention of the designated University conflicts official immediately.

Date