

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID)

Appendix 2 Certification Form

Sample Conflict of Interest Statement for Individuals Involved in Data and Safety Monitoring

With respect to the applicable COI standards and examples with which I have been provided, I certify that the information I have submitted is accurate and complete to the best of my knowledge. I affirm that the information below pertains to me, my spouse, dependent children, relatives with whom I have a close personal relationship, and household members. In the event that my certification statement requires additional information, I agree to comply with NIAID's request to provide more detailed information.

PLEASE CHECK THE APPLICABLE ITEM(S) BELOW:

- | | |
|--|--|
| <input type="checkbox"/> I have a professional conflict | <input type="checkbox"/> I have a proprietary conflict |
| <input type="checkbox"/> I have a financial conflict | <input type="checkbox"/> I have no conflicts of interest |
| <input type="checkbox"/> I have another type of conflict | |

If any of the boxes identifying a conflict have been checked, please provide details below

I will notify the appropriate NIAID representative promptly if a change occurs in any of the above during my tenure of responsibility.

Protocol Number/Title: _____

Member name (please print)

Signature

Date

Reviewing NIAID Official (please print)

Signature

Date

The space below is for NIAID Use ONLY:

Review of conflict of interest statement:

- I have reviewed the conflict of interest statement provided, in addition to the current curriculum vitae; and find the individual **is eligible** to serve as:
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> DSMB member | <input type="checkbox"/> ISM |
| <input type="checkbox"/> SMC member | <input type="checkbox"/> Consultant: Provides expert opinion but is not a DSMB/SMC member |

- I have reviewed the information provided and find the proposed individual **not eligible** to serve as DSMB/SMC member, ISM or consultant at this time due to an actual or perceived conflict of interest, which is:

Division Director (please print)

Signature

Date