

**GENESYS HEALTH SYSTEM  
INSTITUTIONAL REVIEW BOARD**

**Disclosure of Potential Financial Conflict of Interest**

**ONE SIGNED COPY IS NEEDED FOR EACH PRINCIPAL AND SUBINVESTIGATOR**

**Study Title:**

**Study Sponsor:**

**Certificate of Financial Disclosure**

**Please complete all of the information below and retain a copy for your records**

Clinical Investigator/Sub-investigator Name:

Please check appropriate box:

Primary Investigator

Sub-Investigator

I certify that any affiliation with, or involvement in, any organization or entity with direct financial interest in the subject matter or materials discussed in this proposal (e.g. employment, consultancies, stock ownership, honoraria, expert testimony) are disclosed below.

Conflict of Interest Signature:

No, I do not have a financial conflict of interest

Yes, I do have a financial conflict of interest

Please list:

Signature:

Date: