



# COI Management Plan

## SECTION I: General Information

Please complete all the information below and retain a copy of this form for your records.

1. Investigator Name:	Email:
2. Institution/Site Name:	Telephone:
3. Address:	
4. Protocol Name:	

## SECTION II: Financial Disclosures

Indicate by checking the box if any of the financial interests or arrangements of concern to the NASA IRB (and described below) apply to the aggregated financial interests of you, your spouse/partner, and dependent children:

N/A. Conflicts are not Financial in nature – go to Section III.

1. Provide the date the financial interest began:

2. Specify the nature of the financial interest (check all that apply):

- honoraria
- paid consulting
- paid authorship
- other grants for research

- travel reimbursement
- employment by the sponsor
- in-kind compensation (equipment, etc.)
- advisory panel member

- lectures or teaching engagements
- proprietary interests\*
- stock or stock options\*\*
- other:

\*e.g., patent, trademark, copyright, licensing agreement, royalty payment or compensation tied to sales of the product

\*\* excludes income from investment vehicles (e.g., mutual funds/retirement accounts) as long as reporting individual does not directly control the investment decisions made in these vehicles

3. Specify the value of the financial interest, excluding employee salary (check one indicating total):

- \$5k – 9,999
- \$10K – 19,999
- \$20K – 39,999

- \$40K – 59,999
- \$60K – 79,999
- \$80K – 99,999

- ≥\$100,000 (specify amount):
- Value cannot be determined, explain:

4. Non-Financial Competing Interests (e.g. multiple studies with same population, insufficient time, etc.)

- Yes. Explain:

5. Other: If nothing is checked, elaborate on the conflict that led you to answer “yes” to the screening question.

Please explain:

### SECTION III: Conflict of Interest Management Plan

1. Given your role in the research project, please briefly outline how the actual or apparent conflict could potentially affect, or be perceived to affect, the design, conduct, or reporting of research:

2. Describe your plan for reducing or eliminating the potential conflict (check all that apply):

- Disclosure of conflict in the Informed Consent Document
- Modifications to the research plan or research end points
- Disclosure of conflicts in public presentations (written and verbal) of the research
- Increased monitoring of research by independent reviewers
- Reassignment of research duties to non-conflicted team members or other personnel. Please specify duties and personnel:

- Stock or stock options will not be bought during the conduct of the research
- Owned stock or stock options will not be sold, transferred or redeemed during the conduct of the research
- Divestiture of significant business or financial interests

- Severance of relationships that give rise to conflicts
- Additional Financial Conflict of Interest training (CITI or equivalent) will be completed by the investigator and study staff prior to engaging in the research. Provide details of the training:
- Other (specify):

**NOTE:** NASA IRB may recommend other conditions if such conditions will eliminate, reduce, or manage the conflict of interest

## SECTION IV: Signatures

I declare that the information provided on this form is, to the best of my knowledge and belief, true, correct, and complete. Furthermore, if my financial interests and arrangements, or those of my spouse/partner and dependent children, change from the information provided above during the course of the study or within one year after the last patient has completed the study as specified in the protocol, I will notify NASA IRB promptly.

Signature:

Date: