



Date Form Signed: _____

Date of Expiration*: _____

*1 year from signature or when a new conflict is identified

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

SECTION I: General Information

1. Investigator Name:	Email:
2. Institution/Site Name:	Telephone:
3. Address:	
4. Protocol Name: <i>[optional – if applicable to a specific study]</i>	

SECTION II: Financial Disclosures

Indicate by checking the box YES or NO if any of the financial interests or arrangements related to the research under the purview of the NASA IRB (and described below) apply to you, your spouse/partner, and dependent children

<input type="checkbox"/> YES <input type="checkbox"/> NO	Financial arrangements whereby the value of the compensation could be influenced by the outcome of the study. This could include, for example, compensation that is explicitly greater for a favorable outcome, or compensation to the investigator in the form of an equity interest in the sponsor or in the form of compensation tied to sales of a product, such as royalty interest. If yes, please describe:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Significant payments of other sorts from the sponsor, excluding the costs of conducting the study or other clinical studies. This could include, for example, payments made to the investigator or the institution to support activities that have a monetary value greater than \$25,000 U.S. (i.e. a grant to fund ongoing research, compensation in the form of equipment, or retainers for ongoing consultation or honoraria). If yes, please describe:
<input type="checkbox"/> YES <input type="checkbox"/> NO	A proprietary or financial interest in the sponsor of the study. This would include, for example, any ownership interest, stock options, or other financial interest whose value cannot be readily determined through reference to public prices, or an equity/non-equity interest in a publicly/non-publicly traded company exceeding \$5,000 U.S. If yes, please describe:
<input type="checkbox"/> YES <input type="checkbox"/> NO	A proprietary or financial interest in the test product such as a patent, trademark, copyright, or licensing agreement. If yes, please describe:

➔ If you selected 'YES' to any of the above, you may be contacted by the NASA IRB Office to provide additional information.

SECTION III: Non-Financial Disclosures

If you have any of the following non-financial disclosures, please describe.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Reimbursed or sponsored travel (i.e., that which is paid on behalf of the investigator and not reimbursed to the investigator so that the exact monetary value may not be readily available) related to the investigator's responsibilities for a study; provided, however, that this disclosure does not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C.1001(a), an academic teaching hospital, or a research institute that is affiliated with an institution of higher education. [42 CFR 50.603(2)] If yes, please describe:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Roles as an executive, director, or employee of the sponsor of a study. NASA researchers simply doing research at NASA as an employee is not a conflict that needs to be disclosed ; however, if the researcher has another connection to the study that could be a real or perceived conflict of interest the researcher does need to disclose that conflict. If yes, please describe:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Any non-financial interest which may unduly influence the design, conduct and/or reporting of the research. If yes, please describe:

→ If you selected 'YES' to any of the above, you may be contacted by the NASA IRB Office to provide additional information.

SECTION IV: Signature

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 conflicts or financial interests and arrangements, or those of my spouse and dependent children, change from the information provided above during the course of a study or within 1 year after the last subject has completed a study as specified in the protocol, I will alert NASA IRB promptly.

Signature:	Date:
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