

WIRB®

WESTERN INSTITUTIONAL REVIEW BOARD®
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OHRP/FDA Parent Organization number: IORG0000432 • IRB registration number: IRB00000533



WIRB® Financial Interest Disclosure Form

Sponsor Name: _____ Sponsor Protocol No.: _____
Investigator Name: _____ Date: _____

Party with the Financial Interest:

(Please provide a separate form for each individual with a financial interest.)

Name: _____

Party's Position:

- Investigator Immediate Family Member of PI or study staff (spouse or dependent children)
 Sub-Investigator Institution (e.g., Hospital, University, etc.)
 Other Research Staff Other Party: _____

Nature of Financial Interest: (check box and fill in information)

- Equity (stock, options, etc. - Does not include diversified mutual funds or similar instruments in which shareholder has no control over the equities held by the fund.):
 Publicly traded
Number of Shares, etc.: _____ \$ value: _____
 Not publicly traded:
Number of Shares You Hold, etc.: _____ \$ value: (estimate, if possible): _____
Approx. Total Number of Shares Issued: _____
- Recruitment incentives (bonus payments, etc.) \$ value: _____
 Consulting Fees during last 365 days (or indicate alternative period) \$ value: _____
 Speaking Fees during last 365 days (or indicate alternative period) \$ value: _____
 Gifts during last 365 days (or indicate alternative period) \$ value: _____
 Corporate Officer or Board of Directors \$ value: _____
 Other Employment Relationship \$ value: _____
 Trademarks \$ value: _____
 Copyrights \$ value: _____
 Licensing Agreements \$ value: _____
 Royalty Payments \$ value: _____
 Patent Holdings \$ value: _____
 Other (describe) _____ \$ value: _____

Comments: