

Alliance for Clinical Trials in Oncology (Alliance) Conflict of Interest Disclosure Form

Name:						
Institut	ion:					
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Role	Study #	Brief Title	·	Supplied Drug / Device	Company	
of interest tanything of travel reimintellectual interest maconsideration. Employme Are you, or products or co-chair, as study if you	that I may he f monetary v bursement of property rig y exist not of on by the A ent r any indivice r devices that s a relevant u are the cha	et of Interest Policy of the Alliance, and ave with respect to the role I fulfill with value, including but not limited to, sale or paid authorship); equity interests/houghts (e.g., patents, copyrights and royal only where the entity's products or service services, but also where the entity's product with the Alliance may utilize in clinical the committee chair/vice-chair, or in any air or co-chair.	ithin the Alliance. Further, arry or other payments for oldings (e.g., stocks, stock, alties from such rights) invices are the subject of a oducts or services are in ordinary of the come, employed by an entrials for which you have other role? If yes, please	ermore, I understand r services (e.g., cons k options or other over the preceding 12 m an Alliance-related accompetition with tho attity having a commet direct responsibility the entity be a specify the entity be	that compensation means ulting fees or honoraria, wnership interests); and nonth period. A commercial ctivity or otherwise under se under consideration. critical interest in the as a study chair/ elow. Include the	

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Alliance for Clinical Trials in Oncology (Alliance) **Conflict of Interest Disclosure Form**

Membership on Board of Directors or Advisory Committees

Do you serve on a Board of Directors or an Advisory Committee for an entity having a commercial interest in the products or devices that the Alliance may utilize in clinical trials for which you have direct responsibility as a study chair/co-chair, as a relevant committee chair/vice-chair, or in any other role? If you are receiving compensation this should be indicated, if appropriate, in the consulting section below. If yes, please specify the entity below. Include the study if you are the chair or co-chair.

Yes _ Please list:	
sultancies/Honoraria	
hin the last year, have you, or any individual with whom you directly share income, serve aker and received greater than \$5,000 per year from any single company having a commet the Alliance may utilize in clinical trials for which you have direct responsibility as a sturmittee chair/vice-chair, or in any other role? If yes, please specify the entity below. Incoming the property of the property of the company, market and the property of the pr	ercial interest in the products or devices ady chair/co-chair, as a relevant clude the study if you are the chair or
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ck Ownership you, or any individual with whom you directly share income, have greater than or equal to attempt the products or linical trials for which you have direct responsibility as a study chair/co-chair, as a relevant	pecify the purpose, sponsor/organizer, reater than \$25,000 from any single com >\$25 [to 5% ownership interests in either a redevices that the Alliance may utilize ant committee chair/vice-chair, or in
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thin the last year, have you or any individual in whom you directly share income received tel reimbursement from a for-profit entity greater than \$5,000 per year? If yes, please spantion, duration and additional information as needed. If you received compensation greater than box next to the company. Yes Please list: Ck Ownership You, or any individual with whom you directly share income, have greater than or equal to tately held or publicly traded business which has a commercial interest in the products or linical trials for which you have direct responsibility as a study chair/co-chair, as a relevant other role? If yes, please specify the entity below. Include the study if you are the chair	pecify the purpose, sponsor/organizer, reater than \$25,000 from any single composed with the sponsor of the spo
thin the last year, have you or any individual in whom you directly share income received tel reimbursement from a for-profit entity greater than \$5,000 per year? If yes, please spantion, duration and additional information as needed. If you received compensation greater than box next to the company. Yes Please list: Ck Ownership You, or any individual with whom you directly share income, have greater than or equal to tately held or publicly traded business which has a commercial interest in the products or linical trials for which you have direct responsibility as a study chair/co-chair, as a relevant other role? If yes, please specify the entity below. Include the study if you are the chair	pecify the purpose, sponsor/organizer, reater than \$25,000 from any single com >\$25. [to 5% ownership interests in either a redevices that the Alliance may utilize ant committee chair/vice-chair, or in r or co-chair.
ck Ownership you, or any individual with whom you directly share income received compensation and individual with whom you directly share income received compensation grack of the company. ck Ownership you, or any individual with whom you directly share income, have greater than or equal to the products or the company.	pecify the purpose, sponsor/organizer, reater than \$25,000 from any single composed with the sponsor of the spo

Do you, or any individual with whom you directly share income, have ownership interests which value greater than \$5,000 per year (including stock options) in a privately held business which has a commercial interest in the products or devices that the Alliance may utilize in clinical trials for which you have direct responsibility as a study chair/co-chair, as a relevant committee chair/vice-chair, or in any other role? If yes, please specify the entity below. Include the study if you are the chair or co-chair. If you have ownership valued greater than \$25,000 from any single company, in any single year, please mark the box next to the company. >\$25,000

No _	Yes _	Please list:	
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Do you, or any individual with whom you directly share income, have ownership interests which value greater than \$5,000 per year (including stock options) in a <u>publicly traded</u> business which has a commercial interest in the products or devices

Stock Ownership (continued)

committee chair/vice chair, or in any other role? If yes, pl chair or co-chair. If you have ownership valued greater th	have direct responsibility as a study chair/co-chair, as a relevant ease specify the entity below. Include the study if you are the an \$50,000 from any single company, in any single year, please
mark the box next to the company.	> <u>\$50,000</u>
No _ Yes _ Please list:	
pending) that are pertinent to clinical trials for which you lead to committee chair/vice-chair, or in any other role? If yes, place \$5,000 per year. Include the study if you are the chair or opatent, mark the box next to the patent.	acome, have a material interest (including patents, either issued or have direct responsibility as a study chair/co-chair, as a relevant ease specify the product/patent below if the value is greater than co-chair. If you received more that \$25,000 per year as a result of the >\$25,000
last three years for research funding or a program under ye product through your institution, (e.g. "unresticted educati or devices that the Alliance may utilize in clinical trials for relevant committee chair/vice-chair, or in any other role?	income, received research funding totaling \$100,000 or more over the our direction that is NOT designated for a particular study or contract on grant"), from an entity having a commercial interest in the products r which you have direct responsibility as a study chair/co-chair, as a If yes, please describe the company, the amount of funding, reason for study if you are the chair or co-chair. Disclosure is not required and this eimbursement for patient specific accrual to clinical trials.
No _ Yes _ Please list:	
and to manage such conflicts in a way that is in the best in to the Alliance Executive Committee and that the Alliance	. I agree to disclose any significant new conflicts whenever appropriate terests of the Alliance. I understand that this information may be disclosed reserves the right to limit or curtail my participation in Alliance activities y, I understand that failure to complete this Disclosure Form when so ting in clinical trials.
Signature	Date

Please print and e-mail, fax or mail the completed Conflict of Interest Disclosure Form to:

Alliance for Clinical Trials in Oncology ATTN: Leslie Kelley, CCRP 125 S. Wacker Drive, Suite 1600 Chicago, IL 60606

FAX: (312) 345-0117

E-mail: kelley1@uchicago.edu