

**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.

No Yes Please list: _____

Consultancies/Honoraria

Within the last year, have you, or any individual with whom you directly share income, served as a consultant and/or sponsored speaker and received greater than \$5,000 per year from any single company 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 yes, please specify the entity below. Include the study if you are the chair or co-chair. If you received compensation greater than \$25,000 from any single company, mark the box next to the company. >\$25,000

No Yes Please list: _____

Travel Reimbursement

Within the last year, have you or any individual in whom you directly share income received any non-government or non-academic travel reimbursement from a for-profit entity greater than \$5,000 per year? If yes, please specify the purpose, sponsor/organizer, destination, duration and additional information as needed. If you received compensation greater than \$25,000 from any single company, mark the box next to the company. >\$25,000

No Yes Please list: _____

Stock Ownership

Do you, or any individual with whom you directly share income, have greater than or equal to 5% ownership interests in either a privately held or publicly traded 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.

No Yes Please list: _____

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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Stock Ownership *(continued)*

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 publicly traded 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 \$50,000 from any single company, in any single year, please mark the box next to the company.

>\$50,000

No Yes Please list: _____

Intellectual Property/Proprietary Interests

Do you, or any individual with whom you directly share income, have a material interest (including patents, either issued or pending) that are pertinent to 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 product/patent below if the value is greater than \$5,000 per year. Include the study if you are the chair or co-chair. If you received more that \$25,000 per year as a result of the patent, mark the box next to the patent.

>\$25,000

No Yes Please list: _____

Research Funding

Have you, or any individual with whom you directly share income, received research funding totaling \$100,000 or more over the last three years for research funding or a program under your direction that is NOT designated for a particular study or contract product through your institution, (e.g. "unrestricted education grant"), from 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 yes, please describe the company, the amount of funding, reason for payments and oversight/control of the funds. Include the study if you are the chair or co-chair. Disclosure is not required and this section does not apply to research contracts that provide reimbursement for patient specific accrual to clinical trials.

No Yes Please list: _____

I represent that the information reported above is accurate. I agree to disclose any significant new conflicts whenever appropriate and to manage such conflicts in a way that is in the best interests of the Alliance. I understand that this information may be disclosed to the Alliance Executive Committee and that the Alliance reserves the right to limit or curtail my participation in Alliance activities if it believes a significant conflict of interest exists. Finally, I understand that failure to complete this Disclosure Form when so requested may automatically disqualify me from participating 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**