2010 Financial Disclosure and Conflict of Interest Form for the Interagency Registry of Mechanically Assisted Circulatory Support (INTERMACS®)

Name of individual filling out this form: _____ **Date:** _____

Name of site and/or INTERMACS® role of individual filling out form (print or type):

_____

Mailing Address:

_____

_____

Information Reported:

☐ Initial (original)
☐ Interim Update
☐ Annual Follow-up

Do any of the financial interests or arrangements described below apply to you, or any member of your immediate family (spouse and/or dependent children) during the time you will be involved in INTERMACS® and for one year after completion:

Yes	No	
☐	☐	An *equity interest* in companies producing Mechanical Circulatory Support Devices (MCSD)*, or the estimated value for an interest that cannot be easily determined through reference to public prices. For example, any ownership interest, stock options, or other financial interest (including patent, trademark, copyright, licensing agreement and/or royalty arrangement). If YES, please indicate amount and describe: ☐ Greater than $0.00 ☐ Greater than $10,000 ☐ Greater than $25,000 _____ _____
☐	☐	Significant *payments*[1] of other sorts from companies producing MCSDs, the total of which exceeds US$10,000. For example, payments made to the investigator or the institution to support activities (including a grant to fund ongoing research, compensation in the form of equipment, or retainers for ongoing consultation or honoraria). If YES, please describe: ☐ Greater than $10,000 ☐ Greater than $25,000 ☐ Payment made to Individual ☐ Payment made to Institution _____ _____
☐	☐	A *proprietary interest in a MCSD test product* such as a patent, trademark, copyright licensing or royalty agreement. If YES, please describe: _____ _____
☐	☐	Financial agreement with an entity that might be viewed as a competitor with INTERMACS® and/or its mission, e.g. a clinical research organization (CRO) or a data acquisition organization. If YES, please describe: _____ _____

Have you complied with your home institution's Conflict of Interest policy with respect to INTERMACS®? ☐ Yes ☐ No
If NO, please describe: _____

I hereby acknowledge that I have read and understand the INTERMACS Conflict of Interest and Financial Disclosure Policy and certify that the above information, to the best of my knowledge and belief, is complete and accurate. Furthermore, I agree to promptly notify the INTERMACS DCC if my financial interests, or those of my spouse or dependent children, change during the course of my INTERMACS participation or within one year after completion of the INTERMACS contract.

Signed this _____ day of _____, 20_____ Signature _____

*identify organizations, companies which pose COI

[1]This includes situations in which income is transferred to members of your family (including spouse or domestic partner, children, parents, siblings). No information is required for honoraria from an occasional lecture or from isolated, non-recurring consulting activities that result in compensation that does not exceed $10,000 form a single source during a calendar year.

Note: The National Institutes of Health and National Science Foundation Conflict of Interest regulations define a "Significant Financial Interest" as anything (e.g., stock, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights), where such payments exceed $10,000 annually, the equity interest exceeds five percent (5%) ownership or a value of $10,000 (whichever is greater) at fair market value, or royalty payments exceeding $10,000 annually.