# 2014 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

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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 conducting the INTERMACS® protocol and for 1 year after completion:

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A significant equity interest in companies* producing mechanical circulatory system devices (MCSDs)*, that equals or exceeds US $5,000 or that has a value 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 describe:

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*Significant payments of other sorts from companies producing MCSDs, the total of which equals or exceeds US $5,000. For example, payments made to the investigator to support activities, including but not limited to a grant to fund ongoing research, compensation in the form of equipment or retainers for ongoing consultation or honoraria. If YES, please describe:

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A proprietary interest in an MCSD test product such as a patent, trademark, copyright licensing or royalty agreement.

If YES, please describe:

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Yes No

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 ________________________________________________

1This includes situations where income is transferred to members of your family (including spouse or domestic partner, children, parents and/or siblings).

2The National Institutes of Health 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 equal or exceed $5,000 annually, the equity interests equals or exceeds a value of $5,000 at fair market value or royalty payments exceeding $5,000 annually.

3Identify organizations and companies which pose a Conflict of Interest.

4No information is required for honoraria from an occasional lecture or from isolated, non-recurring consulting activities that result in compensation that does not equal or exceed $5,000 from a single source during a calendar year.