

Conflict of Interest Disclosure

Investigator Name:

Please ONLY disclose relationships with commercial interests

Financial Relationships

Please select the statement that applies:

I, or an immediate family member, including spouse or partner, have NO financial relationship(s) with a commercial interest producing healthcare goods or services. *(If selected, please skip to the signature at the bottom of the form)*

I, or an immediate family member, including spouse or partner, have a personal financial relationship with a commercial interest producing goods or services.

Type of Affiliation/Financial Interest:

- a- Grants/Research
- b- Consultant
- c- Stock/Shareholder (self-managed)
- d- Speaker's Bureau
- e- Advisory Board or Panel
- f- Employee, Salary

Please list all Corporate Organizations and types of affiliation/financial interest (letter only; ex. Globus Medical a,e; Stryker Spine b,d):

Declaration

Check the boxes below indicating that you agree with the statement. Please include your electronic signature and date.

Additional information may be requested to resolve a conflict of interest.

In the context of the relationships/affiliations that you designated, WE ASK THAT YOU ATTEST THAT:

Relationships/affiliations with a commercial interest will not bias or otherwise influence your involvement in the proposed research.

Practice recommendations that are relevant to the companies with whom you have relationships/affiliations will be supported by the best available evidence or absent evidence will be consistent with generally accepted medical practice.

All reasonable clinical alternatives will be discussed when making practice recommendations.

Signature

Date