

06/12/2014

**AIDS Clinical Trials Group Network
IND Study Financial Disclosure Form**

Sponsor	
Investigational Product	
Protocol #	
Site #	
Site name	
Investigator of Record/Sub-Investigator	
Mailing Address	
Email	
Telephone	

Indicate by marking Yes or No if any of the financial interests or arrangements of concern to the FDA (as described below) apply to you, your spouse or dependent children. The term "XXXX" referenced below means XXXX or any of its subsidiaries or affiliates.

Do you, your spouse or dependent children have a financial arrangement with XXXX, whereby the value of compensation to you, your spouse or dependent children could be influenced by the outcome of the study? This includes compensation that could be greater for a favorable clinical result, compensation in the form of an equity interest in XXXX or compensation tied to sales of the product tested in the above study such as a royalty interest. If yes, the nature of the financial arrangement is as follows:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you, your spouse or dependent children, or any of you combined, have a significant equity interest in XXXX such as an ownership interest, stock options or any other financial interest whose value cannot be readily determined through reference to public prices, or any equity interest in XXXX exceeding \$50,000, or any combination of these? If yes, the amount and nature of the equity interest is as follows:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you, your spouse or dependent children have a proprietary interest in the above referenced investigational product such as patent rights or rights under a patent, trademark, copyright, or licensing agreement? If yes, the nature of the proprietary interest is as follows	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you, your spouse or dependent children, or any of you combined, received payments from XXXX during the course of the study and within one year after the last patient has completed the study as specified in the protocol totaling in excess of \$25,000, exclusive of the costs of conducting clinical studies, such as honoraria, a grant or grants to fund ongoing research, compensation in the form of equipment, or retainers for ongoing consultation? If yes, the amount and nature of the payment is as follows:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In accordance with 21 CFR Part 54, I declare that the information on this form is, to the best of my knowledge and belief, true, correct and complete. I understand that if I, my spouse or dependent children have participated in financial arrangements, or hold a financial interest that XXXX may disclose such information to the FDA. I agree that XXXX may also disclose to the FDA other information disclosed on this form. Furthermore, if my financial interest and arrangements, or those of my spouse and dependent children, change from the information provided above during the course of the study or within one year after the last patient has completed the study as specified in the protocol, I will notify XXXX promptly.		
Signature	Date:	