



INSTITUTIONAL ETHICS AND REVIEW BOARD
 12th Floor, Our Mother of Perpetual Succour Medical Specialty Center
 Perpetual Succour Hospital
 Gorordo Avenue, Cebu City
 Tel No/Fax No: +63-32-342-0853

Financial Disclosure and Conflict of Interest Statement Form	PSH-IERB Form 2C
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Principal Investigator Name:		
This financial Disclosure form is submitted for : at IERB request	<input type="checkbox"/> Principal Investigator <input type="checkbox"/> Sub-investigator (please print) _____ <input type="checkbox"/> Other ** (please print and include role) _____	
Information collected at study time-point:	<input type="checkbox"/> Initial disclosure <input type="checkbox"/> Updated Disclosure [Enter date change begins(dd/mm/yy) _____	Update if legal name or financial interests and arrangements changes from the information provided during the clinical study or within 1 year post clinical study close/end of study participation. (*4)

Please indicate by marking YES or NO below if any of the financial interests or arrangements applies to you, your spouse, dependent children, or any combination	
1. Are you, your spouse or any of your dependent children an employee of the study sponsor(s)/Co-Development Partner(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you, your spouse or any of your dependent children entered into a financial arrangement with the study sponsor(s)/ Co-Development Partner(s) whereby the value of the compensation could be influenced by the outcome of the trial, such as a bonus, royalty or other financial incentive (i.e ., compensation that could be higher for a favourable outcome than for and unfavourable outcome)? This could be compensation that is explicitly greater for a favourable result, compensation in the form of an equity interest in Study Sponsor(s) or compensation tied to sales of the product , such as a royalty interest.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you, your spouse or any of your dependent children have a proprietary interest in the tested product, including, but not limited to , a patient, trademark , copyright or licensing agreement? Proprietary interest would include, but not limited to, a patient, trademark, copyright or licensing agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you, your spouse , any of your dependent children , or any combination hold any significant equity interest in Study Sponsor(s) / Co-Development Partner(s) (Stock, Stock options, or other financial	



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<p>interest that exceeds \$50, 000.00 U.S dollars?</p> <p>Equity interest includes any options, puts, calls, straddles and other privileges in addition to an equity ownership position in Study sponsor(s) . This does not include ownership interest, stock options, or other financial interest over which you have no direct control or input as to the quantities or amounts, e.g., a 401k , IRA, Mutual Fund .</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Have you, your spouse, any of your dependent children or any combination received significant payment of other sorts(SPOOS) having total value in excess of \$25,000.00 from study sponsor(s) / co-Development partner(s) other than payments for conducting on this clinical study or other clinical studies . Example of such significant payment, include, but are not limited to , grants or funding for ongoing research , compensation in the form of equipment, retains for ongoing consultation or honoraria that are (A) paid directly to me or the institution with which I am affiliated . and (B) paid in support of my activities (i. e., payment paid directly or indirectly to me by study sponsor(s)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>For each YES response above , please provide detailed information disclosing the nature of the financial arrangement , including total value amounts. (If additional space is needed. Please attach to this document. Indicate the number of attached pages ____)</p>	

By signing this form:

1. I confirm/declare that the information provided on this form is, to the best of my knowledge and belief , true , complete and correct.
2. I also confirm that to the extent I have provided any information about other individuals, I have appropriate permission to provide financial information their behalf to the sponsor(s) listed above.
3. I consent to this disclosure , collection and further use of the relevant information outside of my country /region to employees, agents and contractors of study sponsor(s), Its representatives , and business partners, for the submission to the regulatory authorities. I further understand and agree that such recipients may be based in countries whose laws do not provide equivalent protection for personal data to those in the country in which I reside .
4. I agree to promptly update the above information if my legal name or financial interests and arrangements, or those of my spouse and dependent children, changes from the information provided above during the clinical study or within 1 year post clinical study close/end of study participation.

Signature:		Date: (dd/mm/yyyy)	
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