Section 1. Investigator Identification

Principal Investigator/Sub-Investigator Name:	Site Name:	Site Location (address, city, state, country)
Protocol Title (full):		CCR Protocol #:
Investigational Product(s) / Device(s):		

Section 2. Financial Interest Statements

A. Do any of the following conditions apply to you, your spouse or dependent child(ren)?

		Yes	No
1.	Participate in any financial arrangement (entered into between any sponsor of the covered study and the clinical investigator involved in the conduct of the covered study), whereby the value of the compensation to you, for conducting the study, could be influenced by the outcome of the study.	☐	☐
2.	Have a proprietary interest in the above named investigational product/device, including but not limited to patent rights or rights under a patent, trademark, copyright or licensing agreement.	☐	☐
3.	Have any equity interest in any sponsor of the above-referenced covered study, such as an ownership interest, stock options or any other financial interest whose value cannot be readily determined through reference to public prices.*	☐	☐
4.	Have any equity interest in any sponsor of the above-referenced covered study if the sponsor is a publicly held company, and the interest exceeds $50,000 in value.*	☐	☐
5.	Received *significant payments of other sorts* by any sponsor of the above referenced covered study that have a cumulative monetary value of $25,000 or more, inclusive of payments that support activities of the clinical investigator (e.g., a grant to the investigator or to the institution to fund the investigator's ongoing research or compensation in the form of equipment),* and exclusive of the costs of conducting the clinical study or other clinical studies, or to provide other reimbursements such as retainers for ongoing consultation or honoraria.	☐	☐

*The requirement applies to interests held during the time the clinical investigator is carrying out the study, and for one year following completion of the study.

B. If you answered YES to any of the Financial Interest statements above, please attach supporting documentation addressing the nature and amount of the interest, arrangement, or payment, and a description of the steps taken to minimize any potential bias.

Section 3. Signature

To the best of my knowledge, the information provided above is correct and complete. I understand that I am obligated to amend this statement during the conduct of the clinical studies listed above and for one year after the studies have been completed if there is any change in this information.

Signature of Investigator:	Signature Date (dd/mmm/yyyy):**

**A signature date is not required if the form is signed electronically.