ALBERT EINSTEIN HEALTHCARE NETWORK
POTENTIAL CONFLICT OF INTEREST SCREENING FORM
(Applicable to all Research Proposals)

What is required?

Federal regulations require that Albert Einstein Healthcare Network and its affiliates (AEHN) have policies and procedures in place that ensure that Researchers disclose at least annually any financial interest that may present an actual or potential conflict of interest in relationship to Research. AEHN has adopted a Policy and Procedure ("Policy") which directs Researchers to complete this form prior to the submission of a proposal for funding, so that any conflict of interest will be satisfactorily managed, reduced, or eliminated prior to award or acceptance of an award and then annually for the duration of the award. If a new reportable conflict of interest arises at anytime after the submission of the proposal through the period of the award, the filing of a revised disclosure at that time also is required.

"Research" for purposes of this Policy means all research conducted at or under the auspices of AEHN, whether it is internally funded or externally funded. This includes studies that: (a) are to be performed in whole or in part at AEHN; or (b) will involve AEHN patients, employees or other subjects enrolled at AEHN; or (c) will be conducted by Researchers employed by AEHN whether or not AEHN patients, employees or facilities are used.

Who is covered?

"Researcher" means any person, including faculty, staff, residents, fellows, and students at AEHN, who are responsible for the design of a Research study; serve as a principal investigator or co-investigator; enroll research subjects (including obtaining subjects’ informed consent); make decisions related to eligibility to participate in the Research; analyze or report Research data; or submit manuscripts concerning the Research for publication. The term "Researcher" includes the Researcher’s spouse/domestic partner, and dependent children. For purpose of this Form, Researcher also includes both AEHN employees as well as non-employees including, without limitation, volunteer physicians if the volunteers perform research utilizing AEHN facilities, patients or employees of AEHN who are enrolled as Research participants.

What must be disclosed?

Each Researcher should disclose all Financial Interests in any company or for-profit agency that could benefit from the Proposed Research.
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Name: ____________________________  Email: ____________________________

Department/Unit: ____________________________  Phone: ____________________________

HN / EX Number (if available): ____________________________

Proposal Title: ____________________________

Sponsor: ____________________________

Check one:  ☐ New proposal  ☐ Report of new financial interest  ☐ Staff member added to study
☐ Continuing renewal  ☐ Final Report  ☐ Staff member removed from study

Do you or your immediate family (including spouse/domestic partner and dependent children) have any of the following interests with any company or for-profit agency that could benefit from this Proposed Research? Check all appropriate items.

☐ Salary or other payment for service (e.g. consulting fees, speaking fees, or honorarium) received within the past 12 months. **This does not include salary received from AEHN.**

☐ Equity interests (e.g. stocks, stock options or other ownership interests). **This does not include interest in mutual funds where the individual has no control over the selection of holdings.**

☐ Intellectual property rights (e.g. patent, copyright, or royalties from such rights)

☐ Service on advisory committee or Board of Directors.

☐ Expert Witness

☐ Recruitment bonus or other incentive payment that is tied directly to subject activity (**includes bonus payments from AEHN**).

☐ Other interests that are related to or would reasonably appear to affect the results of the Proposed Research

☐ NONE OF THE ABOVE

If you checked one or more of the first seven (7) boxes above, you will receive a request for further information from a representative of the Office of Research and Technology Development (ORTD).

In submitting this form, I agree:

- To update this “Potential Conflict of Interest Screening Form” annually during the period of the Research or as new reportable Financial Interests are obtained.
- To comply with any conditions or restrictions imposed by the Research Conflict of Interest Committee to manage, reduce, or eliminate actual or potential conflicts or forfeit the award.
- To read and understand the AEHN Financial Disclosure Policy for Research and to disclose any potential conflicts of interest as required by it.
- To be committed to the highest intellectual, integrity and ethical standards in all aspects of research.

Signature: ____________________________  Date: ____________________________

I have reviewed the above Potential Conflict of Interest Screening Form. Any potential conflict of interest issues that have been disclosed will be referred to, and reviewed by, the Research Conflict of Interest Committee for recommendation of steps to manage, reduce or eliminate actual or potential conflicts of interest. Subject to committee recommendations, the proposal, with respect to Conflict of Interest, is compliant for submission to the sponsor and/or AEHN IRB.

Research Compliance Officer: ____________________________  Signature: ____________________________  Date: ____________________________

Director, ORTD: ____________________________  Signature: ____________________________  Date: ____________________________