

## APPENDIX D – CLEARANCE OF NIH INVESTIGATOR PERSONAL FINANCIAL HOLDINGS BY IC ETHICS OFFICE (PFH)

**Instructions:** Email the completed document to the IC DEC for your Institute and include the protocol précis for ALL protocols. To facilitate this process, ensure that the list of covered individuals is current; the DECs can provide information on whether NIH employees have filed financial disclosure.

**<sup>1</sup>Date Received by Ethics Office:**

**<sup>2</sup>Date of Memo:**

<sup>5</sup>New Protocol

**<sup>3</sup>Date of IRB Meeting:**

<sup>6</sup>Continuing Review

**<sup>4</sup>Date Protocol Expires:**

<sup>7</sup>Amendment: check all that apply:

Investigator Added

Product Added or Changed

Change in role—new covered investigator

Change in status—new covered protocol

**<sup>8</sup>To:** \_\_\_\_\_  
I.C. Deputy Ethics Counselor

**<sup>9</sup>From:** \_\_\_\_\_  
Principal Investigator

CC:

**<sup>10</sup>Protocol #:**

**<sup>11</sup>This protocol involves (check all pertinent boxes): (See Sop 21 for definition of a “covered research protocol”)**

Investigational biologic, drug and/or device (IND/IDE)

Studies of a technology/product developed outside NIH

A research question that evaluates a commercially available drug or device

Collaboration with a for-profit entity receiving data/specimens from NIH to develop a product

**<sup>12</sup>Title:**

**<sup>13</sup>Principal Investigator’s I.C.:**

**<sup>14</sup>Responsible IRB:**

**Name of study product(s) (drug, biologic or device):**

**<sup>16</sup>Manufacturer of study product(s) (drug, biologic or device):**

**<sup>17</sup>IND/IDE# (if applicable):**

**<sup>18</sup>IND/IDE Sponsor (if applicable):**

**<sup>19</sup>Do you know of competitors for study drug, biologic or device manufacturer(s) for purposes related to this protocol? If yes, please list:**

**<sup>20</sup>Objective of the study (one sentence summary):**

**<sup>21</sup>List individuals serving on the protocol who are covered individuals, identifying for each their affiliation (i.e., outside entity) and if an NIH Employee or Non-NIH Employee. Covered individuals are personnel who have independent decisional roles in conducting a specific covered research protocol. These individuals are influential in the design, direction, or conduct of a covered research protocol, or engaged in the analysis or DHHS/NIH/OD/OIR/OHSRP**



The information below is for IRB information only and shall not be included on the protocol consent form.

- 22  If applicable, a “Conflict of Interest (COI) Certification for Non-Federal Employees” form has been submitted.
- 22  If applicable, a “Conflict of Interest (COI) Certification form for NIH Employees who do not file financial disclosure form 717-1 or 450” has been submitted
- 22  No conflicts identified for NIH employees, or conflicts have been resolved through divestiture or waiver.
- 23  No conflicts exist however one or more NIH employees have a *de minimis* holding in the manufacturer of the product(s) used in the study. Name of manufacturer(s):
- 24  No conflicts exist however one or more NIH employees have an over the *de minimis* holding in the manufacturer of the product(s) used in the study and has been cleared to participate by waiver. Name of manufacturer(s):

\_\_\_\_\_  
Deputy Ethics Counselor for IC of P.I.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Returned to P.I.

Ethics Office Use Only: DER

8/3/2015