

**BANNER HEALTH  
DISCLOSURE OF SIGNIFICANT FINANCIAL INTEREST FORM**

**Completion of this form is required by Research Financial Conflict of Interest Policy (#13245). This form is required to be completed by all Principal Investigators, Co-Investigators, and Program Managers** who are responsible for the design, conduct, or reporting of research projects submitted through and administered by Banner Health. **Please complete, sign, and date both pages of Part A, and send this form by email to your Grants Manager.** Your Grants Manager will forward it to your Institutional Conflict of Interest Official for follow up as necessary.

**PART A: DISCLOSURE OF FINANCIAL INTERESTS**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**This disclosure is for a:**

- New Investigator/New Employee                       Update to Previous Disclosure/New Project

1. Are you an **employee, officer, or director** for an entity outside of Banner Health?                      Yes      No
2. Do you, your spouse, and your dependents, in the aggregate, have an **ownership or equity interest in any entity** consisting of (a) owning stock, stock options, debt, security, or capital holding that has a market value of more than \$5,000, or (b) owning more than 5% of the equity in a company? (Do not report holdings in BH pension funds.)                      Yes      No
3. Do you, your spouse, and your dependents, in the aggregate, receive **salary, payment for services (e.g. consulting fees, honoraria, paid authorship), or other remuneration** or financial consideration of more than \$5,000 per year from an entity outside of Banner Health?                      Yes      No
4. Are you, your spouse, and your dependents, in the aggregate, entitled to receive compensation from a business enterprise due to **intellectual property rights and interests or transfer of technology** (e.g., patents, royalty agreements)?                      Yes      No
5. Have you requested or do you plan to request **travel utilizing private funds that will be reimbursed to you or paid on your behalf?** (This disclosure applies only to travel for private or for-profit agencies. Travel disclosures must include: purpose of trip, sponsor/organizer, destination, and trip duration.)                      Yes      No
6. Are you presently **debarred or suspended from receiving federal funds?**                      Yes      No
7. Are there any **other situations** not mentioned above that might affect or be affected by your **Banner Health research portfolio?**                      Yes      No

**Please use the below space to describe your financial interests and explain any YES answers above. If you have previously disclosed your financial interests, that document is on file with the Conflict of Interest Official; use the below space to describe any changes. If no changes to your financial interests, enter NONE.**

**CONTINUED →**

**Please review the most recent version of your Current and Pending Support. Are your current proposal(s) or any of the projects listed as Current and Pending Support affected by your financial interests? Describe.**

**Principal Investigator/Co-Investigator/Program Manager Signature**

My signature below indicates that (1) I have read and understand Banner Health's *Research Financial Conflict of Interest Policy* (#13245); (2) I have made all required financial disclosures; (3) I will comply with any conditions or restrictions imposed by Banner Health to manage, reduce or eliminate conflicts of interest; and (4) I agree to disclose any new reportable financial interests within ten (10) days of their becoming known to me.

\_\_\_\_\_  
Principal Investigator, Co-Investigator, or Program Manager Signature

\_\_\_\_\_  
Date

**PART B: DISCLOSURE REVIEW (FOR OFFICE USE ONLY)**

**All forms should be returned to your Grants Manager. Any conflict(s) noted will be forwarded to your Conflict of Interest official for follow up. The below section will be completed after review.**

Disclosure form reviewed on: \_\_\_\_\_ Were any potential conflicts noted?  Yes  No

Reviewed by: \_\_\_\_\_ (Grants Manager/Reviewer's name)

**Referred to Conflict of Interest Official?**  Yes  No

If YES, an *ad hoc* committee may be convened to propose a plan of management. This form is to be filed with the proposal materials. Conflict of Interest official may add notes here:

\_\_\_\_\_  
Conflict of Interest Official Signature

\_\_\_\_\_  
Date