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**International Pediatric Association**

**Financial Conflict of Interest Disclosure Form (FCOI)**

|  |  |
| --- | --- |
| Name: |  |
| IPA Activity/role |  |

**PART I: GENERAL QUESTIONS**

Definitions:

* Participant – person in IPA leadership role who is responsible for the design, conduct, or reporting of research policy or education or who might influence business/financial decisions of the IPA.
* Family members – spouse, domestic partner, dependent children
* Financial interest – anything of monetary value, including: salary or other payments for services (e.g. consulting fees, payment for educational lectures, expert witness payments, honoraria and the like); equity interests (e.g. stock or other ownership interests, and the like, but not investments in mutual funds); and intellectual property rights (e.g. patents, trademarks, service marks, copyrights, royalties and the like).

|  |  |
| --- | --- |
| 1. Did you or any of your family members receive any payments (such as salary, consulting fees, honoraria, and the like) that in the aggregate, **exceed $25 USD** from any outside entity that sponsors any IPA activities, or whose interests or business are related to IPA activities? Do you expect to receive any such payments during the next 12 months?
2. Did you or your family members own or control any equity interests (such as stock, stock options other ownership interests, royalties, and the like, but excluding investments in mutual funds) valued at **$25** USD or more in any outside entity, or that exceed 1% of the ownership interests in an outside entity that sponsors any of your IPA activities, or whose interests or business are related to IPA activities? Do you expect this to occur during the next 12 months?
3. Did you or your family members have, or expect to have, any intellectual property rights, such as patents, patent applications, trademarks, service marks, copyrights licenses and the like, which are either related to your IPA activities? Do you expect this to occur during the next 12 months?
 | Yes NO Yes NO Yes NO Yes NO Yes NO Yes NO |
| 1. Did you or any of your family members serve as an officer, director, partner, manager, liaison, editor, author, expert witness, or employee of an outside entity that sponsors IPA activities, or whose interests or business are related to IPA activities? Do you expect to receive any such payments during the next 12 months?
2. Did you or any of your family members have a financial relationship or interest with an entity producing, marking, re-selling, or distributing health care goods or services consumed by, or used on, patients?  Do you expect to receive any such payments during the next 12 months?
3. Did you or any of your family members have a financial relationship identified with involvement in clinical trials, commercial or private research, grants, or safety monitoring boards? Do you expect to receive any such payments during the next 12 months?

Do you have any financial interest that resulted in a YES answer to questions 1-6 above? |  Yes NO Yes NO Yes NO Yes NO Yes NO Yes NO Yes NO |

**All Responses will be maintained on a Confidential Basis**

**PART II: RELATIONSHIPS**

If you have an interest that resulted in a yes answer to questions 1-6, please complete this section. Do not list salary support or similar payments received under IPA sponsored agreements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Company or Sponsor | Type of relationship and services provided\* | Who | Approximate amount of payments/value of equity interest | Managerial/Board role? (if so, list role) |
|  |  |  Self Family Member \*\* |  |  |
|  |  |  Self Family Member \*\* |  |  |
|  |  |  Self Family Member \*\* |  |  |
|  |  |  Self Family Member \*\* |  |  |

\*e.g. stock ownership, consulting, intellectual property, speaker’s bureau, advisory board, educational grants, clinical trials, research, safety monitoring board, and the like. Do not list IPA funding.

Note: You may add attachments for further explanations of your responses.

**PART III: CERTIFICATION AND SIGNATURE**

**Certification:**

I certify that (a) the above information is true and complete to the best of my knowledge, (b) I have read the IPA Policy and Conflict of Interest, and (c) I am in compliance with IPA policy on this matter. I will comply with any conditions or restrictions imposed by the IPA to manage actual or potential conflicts of interest.

I agree to update and submit this Conflict Reporting Form when my financial interests or other relationships with outside entities, or those of my family members, change in a way that changes the answers above.

If I do have a significant conflict, I agree to provide supporting documentation that identifies and describes the financial interest involved. This information will be kept confidential and will only be reviewed by necessary individuals within the IPA.

I declare that if I have a conflict (or the appearance of a conflict) with my duties, responsibilities, and exercise of independent judgment I shall voluntarily disclose that a conflict (potential or real) exists, will abstain from voting on relevant activities and from drafting, editing, and reviewing IPA publications on the matter which could be influenced.

Signature

|  |  |  |
| --- | --- | --- |
|  |  Date: |  |
| Participant Signature |  |  |

|  |  |  |
| --- | --- | --- |
|  |  Date: |  |
| IPA Review and Executive Director or President Signature |  |  |