



Weill Cornell Medicine-Qatar

FOR INTERNAL AND EXTERNAL STUDY PERSONNEL

According to WCM-Q Conflict of Interest policy, all study personnel must complete a Study Specific Report (SSR) regardless of whether or not they have any relationships to disclose. Please refer to the following policies when completing this form: [4.14 Conflicts of Interests and Commitment](#) and [1.7 Financial Conflict of Interest Related to Research](#). These policies can be found on the WCM Conflicts Management Office website.

Weill Cornell Medicine – Office of Research Compliance

Article I. Study Specific Report Form

Please Note: This disclosure is valid until the Continuing Review Date of the Project

Name: _____

Institution: _____

Email: _____

Phone number: _____

1. Project/Protocol Title: _____

2. Grant Number: _____

3. Project Principal Investigator: _____

4. Protocol Number: _____

5. Protocol Type: (please check one) IRB__ IACUC__ N/A__

6. Please provide a description of your role(s) in this research: _____

7. Do you have a conflict to disclose? Yes No

If yes, please complete Article II for Disclosure of a Conflict and Article III, then send directly to researchcompliance@qatar-med.cornell.edu.

If no, please skip Article II and complete Article III.



Article II. Study Related Entity Disclosure

Entity Name: _____

Intellectual Property:

* **Type:** For-Profit__ Non-Profit__ Private Non-Profit__ Federal Government__ Other

* **Corporate Status:** Publicly Traded__ Privately Held__

* **Person who has relationship to this entity:**

Self__ Spouse__ Child or Children__ Significant Other__ Parent__ Sibling__ Other Relative__

Please provide an explanation of how your financial interest or intellectual property interest may relate to the project:

1. * Have you received honoraria or other payment for books, publication or lectures from this entity during the past 12 months?

Yes__ No__

If yes, how much were you compensated by this entity? Please give exact dollar amount: _____

Please indicate which activities (e.g., commissioned papers, speakers bureau, etc.):

2. * Have you received consulting fees from this entity during the past 12 months?

Yes__ No__

If yes, how much were you compensated by this entity? Please give exact dollar amount: _____

Please describe the nature of your consulting work:

3. * Do you have equity/ownership interest (e.g., stock or option holding, partnership share) in this entity?

Yes__ No__

If yes, please provide the percentage of company ownership represented by your holding: _____

Value of equity/ownership interest (please give exact dollar amount): _____

Specify stock, options, etc.: _____



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4. * Have you received personal income from this entity through royalties during the last 12 months?

Yes__ No__

Do you or will you receive personal income from this entity through licensing fees from patents or other intellectual property interests for this or a subsequent reporting year?

Yes__ No__

If yes, please provide yearly income (please give exact dollar amount): _____

5. * Do you have an executive position with this entity?

Yes__ No__

If yes, type of position: _____

If you have another position with this entity, please specify: _____

Please describe your role(s) in the position(s):

If yes, please provide yearly income (please give exact dollar amount): _____

6. * Do you serve as a member of an advisory board for this entity?

Yes__ No__

Please describe your role(s) or position(s):

If yes, please provide yearly income (please give exact dollar amount): _____

Explanation:

7. * Do you serve on the corporate board of directors for this entity?

Yes__ No__

Please describe your role(s) or position(s):

If yes, please provide yearly income (please give exact dollar amount): _____

Explanation:



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8. * Does this entity provide any money to support any of the research in which you may be involved?

Yes__ No__

If yes, what is your relationship to the research? _____

Please describe your role(s) in the research:

If you have another role in the research, please describe:

9. * Does this research project involve human subjects?

Yes__ No__

Please provide specific information about your role(s) related to the human subjects in this research:

10. * Does this research involve clinical research with the purpose to evaluate the safety or effectiveness of a drug, medical device, or treatment?

Yes__ No__

Please provide a rationale for your answer:

11. * Could your financial interest in the entity directly and significantly affect the design, conduct, or reporting of this research?

Yes__ No__

Please provide a rationale for your answer:

12. * Could the results of any of your research reasonably be viewed as affecting the financial or other interests of this entity?

Yes__ No__

Please provide a rationale for your answer:



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13. * Could the results of this research reasonably be viewed as affecting the value of financial interests (equity or equity equivalents, payments of any type, patents, etc.) of you or a member of your immediate family (spouse, significant other, parent, sibling, children, or other blood relative in household)?

Yes__ No__

Please provide a rationale for your answer:

14. * Do students/trainees work on the research?

Yes__ No__

Please provide specific information:

15. * Do you have any other relationship with or financial interest in this entity?

Yes__ No__

If yes, please describe:

16. * Do you receive any gifts, payments, favors or anything of monetary value from this entity?

Yes__ No__

If yes, please describe:

17. * For Internal WCM-Q study Personnel:

Have you reported the above relationship/interest on WRG?

Yes__ No__

If no, please update your WRG survey by disclosing the above relationship/interest.

18. * For External Study Personnel:

Have you disclosed this Conflict of Interest to your institution?

Yes__ No__

If yes, have there been any actions taken to eliminate or mitigate effect of the conflict?

Yes__ No__

Please note that WCM-Q may request the COI Officer's evaluation and/or management plan of the conflict of interest disclosed above.



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Article III. Study Specific Report of External Interests and External Time Commitments Survey

I have completed this report fully and to the best of my ability. I understand that failure to disclose compensation from a commercial entity is not permitted by institutional policy. In addition, I have read the policies regarding conflict of interest and understand those policies as written. I agree to abide by those policies and disclose any relationships that I, or any member of my immediate family, including spouse, significant other, or children have with commercial entities as indicated in this report for review by the Conflicts Advisory Panel.

I agree with the above statement: *(please check one)* Yes__ No__

Name: _____

Signature: _____

Date: _____

Additional comments or clarifications regarding this report *(please include additional documents regarding this report if needed):*