



Weill Cornell Medical College Study Specific Form FOR EXTERNAL NON-WCMC USE ONLY

All external users must complete an external SSR whether or not they have any relationships to disclose.

* Investigators from New York Presbyterian and Hospital for Special Surgery should file an electronic survey through the Weill Research Gateway (<https://wrq.weill.cornell.edu>).

Article I. Study Specific Report Form

Name: _____

Institution: _____

Email: _____

Phone number: _____

1. Project/Protocol Title: _____

2. Grant Number: _____

3. Project Principal Investigator: _____

4. Protocol Number: _____

a Protocol Type: ☐ IRB ☐ IACUC ☐ N/A

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

6. Project Sponsor(s): _____

7. Drug Sponsor (s): _____

8. Device Sponsor (s): _____

9. Have you completed [Conflicts of Interest Training](#) at your institution/ employer? ☐ Yes ☐ No

10. Do you, your spouse/ domestic partner, and/or dependent child have any interests or relationships with the study sponsor (including the study drug or device sponsor), or could the work contemplated in this project reasonably appear to affect an entity which you have a relationship. This includes, but is not limited to:

- Income (consulting fees, salary, honoraria)
- Equity/ Ownership
- Advisory activity, board membership or an officer position
- Inventor of any device, vaccine, procedure, drug or any product that is used in the study

☐ Yes ☐ No

If No, proceed directly to Article III certification. If yes, you must complete Articles II & III.

Article II. Study Related Entity Disclosure

Entity Name (one entity per form): _____

* **Type:** ☐ For-Profit ☐ Non-Profit ☐ Private Non-Profit ☐ Federal Government ☐ Other

* **Corporate Status:** ☐ Publicly Traded ☐ Privately Held

* **Intellectual Property:** _____

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

☐ Self ☐ Immediate Family Member (spouse/domestic partner and/or dependent child)

1. * **Have you received honoraria or other payment for books, publication or lectures from this entity within 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 within 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.: _____

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

☐Yes ☐No

5. * 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

a If yes, yearly income (estimated or received whichever is greater):

b Will that intellectual property be used, purchased or leased in this project

☐Yes ☐No

If Yes, please describe how it ((device, vaccine, procedure, methodology, use, drug, product, etc) will be used in the project:

6. * 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): _____

7. * 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: _____

8. * 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: _____

9. * 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: _____

10. * 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:

11. * 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: _____

12. * 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: _____

13. * 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: _____

14. * 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 relative in household)?

☐ Yes ☐ No

Please provide a rationale for your answer: _____

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

☐ Yes ☐ No

Please provide specific information: _____

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

☐ Yes ☐ No

If yes, please describe: _____

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

☐ Yes ☐ No

If yes, please describe: _____

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: _____

If after signing this form you or an immediate family member acquire any interests or relationships with the study sponsor or with an entity whose interests could reasonably appear to be affected by this study, you must submit an updated Study Specific Report form within 30 days of acquiring the interest or relationship.

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