



# CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH  
INSTITUTIONAL REVIEW BOARD  
STRAWBERRY MANSION HEALTH CENTER  
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Donald F. Schwarz, MD, MPH  
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Health Commissioner

James L. Dean, MD, FACP  
Chairperson

Judith Samans-Dunn, MSIA  
Administrator

## CONFLICT OF INTEREST FORM FOR INVESTIGATORS

It is the policy of the Philadelphia Department of Public Health, Institutional Review Board to take precautions to avoid the potential for conflict of interest and maintain the impartiality of the IRB. Therefore, in reviewing proposals, IRB members are required to 1) assure that research study participants are protected from any issue that may arise from a conflict of interest on the part of the investigator and 2) to assure that they declare any personal potential conflict of interest with a particular research study and exclude themselves from deliberations and voting on any such subject.

Please answer the following questions to the best of your ability:

Does this proposal include grant or other sponsor funding? \_\_\_\_Yes \_\_\_\_No  
If yes:

Source of funding: \_\_\_\_\_

Description of funding mechanism:

Do you, any members of your immediate household, or your employer anticipate compensation that is dependent on the outcome of this study?

Do you, any members of your immediate household, or your employer have any proprietary interest in a product involved in this study? Please describe:

Do you, any members of your immediate household, or your employer receive significant payments from the sponsor of this study for any activity of any other sort, such as other grants, equipment, retainers for ongoing consultation or honoraria?

Can you identify any other potential conflict of interest you may have with this proposal?

**Investigator Conflict of Interest Statement**

I, \_\_\_\_\_, acknowledge the need to avoid conflict of interest in all matters under consideration by the Philadelphia Department of Public Health Institutional Review Board. I understand that the purpose of this review is for the protection of any study participants. I certify that all above answers are correct to the best of my knowledge.

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Signature

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Date