



FOR EXTERNAL NON-WCMC USE ONLY
Complete this form if you have financial interests to disclose

Weill Cornell Medical College – Office of Research and Sponsored Programs
Study Specific Report Form

1. Name: _____
Institution: _____
Address: _____
Email: _____
Phone number: _____
Conflicts Management Official: _____

2. Project Title: _____
Grant Number: _____
3. Project Principal Investigator: _____

If you have the information, please answer questions 4-7, if not, continue on to Entity Report below

4. Protocol Details (if applicable): _____
Protocol Title: _____
Protocol Number: _____
Protocol Type: IRB IACUC

5. Project Sponsor: _____

Is there more than one sponsor? Yes No If yes, please attach a separate form for each sponsor.

6. Drug Sponsor: _____

Is there more than one sponsor? Yes No If yes, please attach a separate form for each sponsor.

7. Device Sponsor: _____

Is there more than one sponsor? Yes No If yes, please attach a separate form for each sponsor.



Study Related Entity Report

Please Add Entity That Pertains to this Study

Entity Name: _____
 Address1: _____
 Address2: _____
 City: _____
 State/Province: _____
 Country: _____
 Zip: _____

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/children/significant other/parent/sibling or other relative

1. Do you receive honoraria or other payment for books, publication or lectures from this entity for this reporting year?

Yes No

If yes, how much were you compensated by this Entity? _____

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

2. Do you receive consulting fees from this entity for this reporting year?

Yes No

If yes, how much were you compensated by this Entity? _____

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, percentage of company ownership represented by your holding:

Value of equity/ownership interest: _____

Specify stock, options etc.: _____

4. Is equity held by Cornell Center for Technology Enterprise and Commercialization (CCTEC)?

Yes No

Explanation: _____

5. Do you or will you receive personal income from this entity through royalties for this or a subsequent reporting year?



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, yearly income (estimated or received whichever is greater): _____

6. Do you have an executive position with this entity?

Yes No

If yes, type of position: _____

If Other, please specify: _____

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

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, yearly income (estimated or received whichever greater): _____

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, yearly income: (estimated or received whichever greater): _____

9. Do you use WCMC facilities, equipment, or staff in the conduct of your activities for/with this entity?

Yes No

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

Yes No

Please describe your role(s) in the research: _____

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

11. Does any of your research sponsored by this entity involve human subjects?

Yes No

Please provide specific information about your involvement with human subjects:

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



Yes No

If yes, Describe: _____

13. Could the results of your 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

If yes, Describe: _____

14. Do students/trainees work on the research?

Yes No

Please provide specific information: _____

15. Do you supervise or assign the research work or clinical care activities of WCMC students/trainees in circumstances where the research work or clinical care is supported in whole or in part by this entity?

Yes No

Please provide specific information: _____

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

Yes No

If yes, Describe:

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

Yes No

If yes, Describe: _____

18. Do you serve on an internal or external body with jurisdiction to award or distribute government funds (e.g., committees of NIH, FDA, or other governmental agencies, private professional or regulatory body) where participation would reasonably appear to be influenced by the business interest or consulting relationship?

Yes No

19. Are you involved in purchasing or procurement decisions regarding this entity on behalf of WCMC, either directly or indirectly by providing advice or consultation, regarding the purchase, use or selection of products, goods or service that are provided or may be provided to WCMC?

Yes No

If yes, Describe: _____

20. Potential Conflict of Commitment:

Does the time you spend on professional activities with this entity exceed one day per week?

Yes No

If yes, Describe: _____



Has your chair approved this arrangement?

Yes No

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

22. 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: _____

23. 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: _____

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

Yes No

Please provide a rationale for your answer: _____

25. 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: _____

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:* Yes No

Name: _____

Signature: _____

Date: _____



Weill Cornell Medical College