

**QUESTIONNAIRE FOR DISCLOSURE OF CERTAIN INTERESTS BY PRINCIPAL  
INVESTIGATORS AT RUSH UNIVERSITY MEDICAL CENTER  
CALENDAR YEAR: 2004**

**PURPOSE**

This questionnaire has been prepared to help us carry out the policy on Conflicts of Individual Interest in Research (“COIIR”) as promulgated by the Associate Vice President for Research on August 2002. The entire COIIR Policy (the “Policy”) is available for you on the Rush internet at:

**<http://www.rush.edu/research/ConflictInterest.html>**

The COIIR Committee has also determined that the questionnaire is necessary to comply with other federal regulations.

**WHO MUST COMPLETE THE FORM**

This form must be completed under the Policy for any persons Conducting Research on human subjects and for anyone whose research is covered by applicable federal regulations (42 C.F.R. §§50.603 and 50.604). This includes full time and part time salaried employees of Rush, anyone with a Rush faculty appointment or persons who use Rush facilities to support their research or clinical activities.

As defined in the Policy, Conducting Research means, with respect to a research protocol:

- designing research;
- directing research or serving as a principal investigator;
- enrolling research subjects (including obtaining subjects’ informed consent);
- making decisions related to eligibility to participate in research;
- analyzing or reporting research data; or
- submitting manuscripts concerning the research for publication.

The COIIR Committee has also determined that Rush must follow PHS research guidelines (42 C.F.R. §§50.603 and 50.604) for any persons conducting basic and applied research and product development using direct federal funds or federal funds subcontracted from any source and which relates broadly to public health including behavioral and social-sciences research.

By law and Rush policy, this form must be completed annually and in advance of any federal application for support.

Your responses should cover **the period from January 1, 2004 to December 31, 2004**. If there is not enough room on the questionnaire form, please attach additional response pages.

***Please return this form by hand delivery or inter-office mail to the Conflicts Officer at the address on the signature page.***

1. During 2004, I Conducted Research (as defined above) on human subjects or I conducted federally funded research at or for the benefit of Rush University Medical Center.

Yes

No

If answering **NO** to question 1, stop here, sign and return the form; your disclosure obligations have been fulfilled for 2004. You may still need to fill out the form in any later years while working for Rush if you become a PI or are the recipient of federal grants. You will also need to make a conflicts statement in advance of applying for federal funds.

If answering **YES** to question 1, please complete questions two through five, provide relevant details, then sign and return the form. The Committee on Conflicts of Interest in Research will review your answers and may request additional information as needed.



**Affirmation**  
**Annual Research Conflict of Interest Questionnaire**  
**2004 Calendar Year**

I hereby affirm that the answers to foregoing questions and the information provided on any attached pages are true and complete to the best of my knowledge and recollection.

I agree to disclose any additional information or circumstances about possible conflicts of interest which arise after the completion and submission of this questionnaire.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Type or print your name)

\_\_\_\_\_  
(Type or print title)

\_\_\_\_\_  
(Type or print your department)

\_\_\_\_\_  
(Email address)

\_\_\_\_\_  
(Phone & Fax)

**Please Return Pages 1-3 of the Completed Form (and additional pages if necessary) to:**

Matthew Raymond, Ph.D.  
Conflicts Officer  
Office of the Associate Vice President for Research  
TOB, Suite 456  
COI\_Rush@rush.edu

NOTE: THIS PAGE MUST BE KEPT SEPARATE FROM PAGES 1-2