Virginia Academy of Sleep Medicine

Financial Conflict of Interest on Grants: Disclosure Statement

This form must be completed prior to submission of a proposal for the VASM grant opportunity. If you answer "yes" to any question below, you are encouraged to provide further information in a separate document. Please complete the form and submit to vasm@ramdocs.org prior to submission of the grant proposal.

Name: _____

Email: _____

Proposal Title: _____

_____

Answering "yes" to any of the following questions does not mean the financial interest is inappropriate or improper. However, disclosure and evaluation, and in some cases, approval and oversight, are required. All thresholds listed below are an aggregate for the investigator, his/her spouse or domestic partner, and dependent children. These questions apply to companies that could reasonably appear to be related to the proposed research.

1. **Officer, Director, and Advisory Board Positions**

   In the past 12 months, have you or a member of your immediate family served as a paid or unpaid officer, director, or advisory board member:

   ☐ Yes ☐ No

2. **Stocks, Stock Options, and Bonds**

   In the past 12 months, have you or a member of your immediate family-owned stocks, stock options, or corporate bonds that you directly control:

   ☐ Yes ☐ No

3. **Outside Professional Activities and/or Travel**

   In the past 12 months, have you or a member of your immediate family received remuneration outside of your place of work for consulting or other outside professional activities (including international), or related travel:

   ☐ Yes ☐ No

4. **Non-institutional Salary or Other Income**

   In the past 12 months, have you or a member of your immediate family received a salary or other income that was not part of your employment:

   ☐ Yes ☐ No

5. **Business Ownership**

   In the past 12 months, have you or a member of your immediate family owned or operated a business (either foreign or domestic):

   ☐ Yes ☐ No

6. **Intellectual Property**

   Have you or a member of your immediate family disclosed any intellectual property to an entity (enter all intellectual property including copyrights, regardless of patent or license status):

   ☐ Yes ☐ No

Investigator Statement: I have made all required financial interest disclosures; will submit a proposal for a Conflict of Interest Management Plan if necessary; and will comply with any conditions or restrictions imposed by the VASM to eliminate, reduce, or manage conflicts of interest regarding my research.

Signature: _____ **Date:**_____