DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Form Approved: OMB No. 0910-0396 Expiration Date: March 31, 2019

DISCLOSURE: FINANCIAL INTERESTS AND ARRANGEMENTS OF CLINICAL INVESTIGATORS

TO BE COMPLETED BY APPLICANT		
The following information concerning	Name of clinical investigator	, who participated
as a clinical investigator in the submitted study		
is submitted in accordance with 21 CFR part 54. The		
named individual has participated in financial arrangements or holds financial interests that are required to be disclosed as follows:		
Please mark the ap	plicable check boxes.	
any financial arrangement entered into between the sponsor of the covered study and the clinical investigator involved in the conduct of the covered study, whereby the value of the compensation to the clinical investigator for conducting the study could be influenced by the outcome of the study;		
any significant payments of other sorts made on or after February 2, 1999, from the sponsor of the covered study, such as a grant to fund ongoing research, compensation in the form of equipment, retainer for ongoing consultation, or honoraria;		
any proprietary interest in the product tested in the covered study held by the clinical investigator;		
any significant equity interest, as defined in 21 CFR 54.2(b), held by the clinical investigator in the sponsor of the covered study.		
Details of the individual's disclosable financial arrangements and interests are attached, along with a description of steps taken to minimize the potential bias of clinical study results by any of the disclosed arrangements or interests.		
NAME	TITLE	
FIRM/ORGANIZATION		
SIGNATURE	[Date (mm/dd/yyyy)
This section applies only to the requirements of the Paperwork I		Do NOT send your completed form to the PRA Staff email address below.
An agency may not conduct or sponsor, and a person is not required to information unless it displays a currently valid OMB control number. Public collection of information is estimated to average 5 hours per response, in instructions, searching existing data sources, gathering and maintaining completing and reviewing the collection of information. Send comments reg or any other aspect of this collection of information to the address to the right	c reporting burden for this cluding time for reviewing the necessary data, and arding this burden estimate	Department of Health and Human Services Food and Drug Administration Office of Operations PRAStaff@fda.hhs.gov
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