Conflict of Interest Disclosure Form

(CI1)

**Purpose:** Disclose any facts or circumstances considered to constitute financial or philosophical conflicts of interest in regard to the design or conduct of DIADS-2. When preparing your disclosure, please pay particular attention to relationships or interests you or a member of your immediate family have in companies supplying drug for this trial (Pfizer) or companies producing drugs similar to the one being tested here.

**When:** Prior to the start of the trial; updates annually and whenever there is a significant change.

**By whom:** Members of the Steering Committee, director, deputy director, and coordinator of a center (clinic site, Coordinating Center, Chairman’s Office), and members of the Data Monitoring Committee.

**Instructions:** Complete the following page, sign, date and return to: Anne Shanklin, DIADS-2 Coordinating Center, 615 North Wolfe Street, Room 5010, Baltimore, MD 21205.

**Examples of relationships to be disclosed:**

- Stock, equity, or other financial interest held by you or a member of your immediate family in any company or entity with a proprietary interest in DIADS-2 or the outcome of DIADS-2.

- Any type of patent interest held by you or a member of your immediate family, such as in a compound, class of compound, or procedure, or any copyright interest held by you or a member of your immediate family in material being used in DIADS-2.

- Employment (paid or unpaid, part time or full time) or consulting or advisory arrangements with any company or entity having a proprietary interest in DIADS-2 or the outcome of DIADS-2.

- Position such as officer, member, owner, trustee, or director of any company or entity with a proprietary interest in DIADS-2 or the outcome of DIADS-2.

- Research, training, or other support controlled by the investigator from any company or entity with a proprietary interest in DIADS-2 or the outcome of DIADS-2.

- Publication expressing views that are inconsistent with the objectives of DIADS-2 or the state of equipoise in the trial.
1. Disclosure:

( ) I have no situations that could be construed as financial or philosophical conflicts of interest with the design and conduct of DIADS-2

( ) I have one or more situations that could be construed as financial or philosophical conflicts of interest with the design and conduct of DIADS-2. Information regarding the situation(s) is provided below.

2. Assurance:

I will notify the Study Officers in writing if:

• A change occurs in any of the above during the tenure of my responsibilities, or
• I discover a situation involving a financial or philosophical interest of mine that is in conflict with the design and conduct of DIADS-2

_________________________________________  ________________________________  ____________
Name (typed/printed)                      Signature                          Date