DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

DISCLOSURE: FINANCIAL INTERESTS AND ARRANGEMENTS OF CLINICAL INVESTIGATORS

Form Approved: OMB No. 0910-0396 Expiration Date: April 30, 2009

TO BE C	COMPLETED BY APPLICANT	
The following information concerning	Name of clinical investigator	, who participated
as a clinical investigator in the submitted st	tudy	Name of
linical study	is submitted in accordanc	e with 21 CFR part 54. The
named individual has participated in fina required to be disclosed as follows:	ancial arrangements or holds	s financial interests that are
Please ma	ark the applicable check boxes.	
<ul> <li>any financial arrangement entered i clinical investigator involved in the c compensation to the clinical investig- outcome of the study;</li> </ul>	conduct of the covered stud	ly, whereby the value of the
<ul> <li>any significant payments of other sor the covered study such as a grant equipment, retainer for ongoing consu</li> </ul>	to fund ongoing research, of	
any proprietary interest in the pro- investigator;	duct tested in the covered	I study held by the clinical
any significant equity interest as define the sponsor of the covered study.	ned in 21 CFR 54.2(b), held	by the clinical investigator in
Details of the individual's disclosable finan description of steps taken to minimize t disclosed arrangements or interests.		
NAME	TITLE	
FIRM/ORGANIZATION	I	
SIGNATURE	DA	

## **Paperwork Reduction Act Statement**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 4 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to:

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