

### CLEARANCE OF NIH INVESTIGATOR PERSONAL FINANCIAL HOLDINGS BY IC ETHICS OFFICE (PFH)

**Instructions:** Email the completed document to the IC DEC for your Institute and include the protocol précis for initial protocols. To facilitate this process, ensure that the list of investigators is current and complete by comparing this with the protocol face sheet and PQS (<http://pqs.cc.nih.gov>), and that each NIH Investigator has an up-to-date 717 filed with their Institute DEC.

<sup>1</sup>**Date Received by Ethics Office:**

<sup>2</sup>**Date of Memo:**

<sup>3</sup>**Date of IRB Meeting:**

<sup>4</sup>**Date Protocol Expires:**

- <sup>5</sup>New Protocol (attach précis)
- <sup>6</sup>Continuing Review
- <sup>7</sup>Amendment: check all that apply
  - Investigator Added
  - Product Added or Changed

<sup>8</sup>**To:** \_\_\_\_\_  
I.C. Deputy Ethics Counselor

<sup>9</sup>**From:** \_\_\_\_\_  
Principal Investigator  
cc:

<sup>10</sup>**Protocol #:**

<sup>11</sup>**Research Type:**

- Screening
- Training
- Nat. History – Dx Progression/Physiology
- Nat. History–Sample/Data Collection/Analysis:  Recruiting  Not Recruiting
- Pharmacokinetics/Dynamics
- Clinical Trial: Phase:  0  1  1-2  2  3  4

<sup>12</sup>**Title:**

<sup>13</sup>**Principal Investigator's I.C.:**

<sup>14</sup>**Responsible IRB:**

<sup>15</sup>**Product(s) made by a commercial entity that is the subject of the study:**

<sup>16</sup>**Manufacturer of study product(s) (drug, biologic or device):**

<sup>17</sup>**IND/IDE# (if applicable):**

<sup>18</sup>**IND/IDE Sponsor (if applicable):**

<sup>19</sup>**Do you know of competitors for study drug, biologic or device manufacturer(s) for purposes related to this protocol? If yes, please list :**

<sup>20</sup>**Keywords as per 1195:**

<sup>21</sup>**List individuals serving on the protocol as an:** Adjunct PI, Accountable Investigator, Medical Advisory Investigator, Lead Associate Investigator, Associate Investigator and/or Research Contact, identifying for each their affiliation (i.e., outside entity) and if an NIH Employee or Non-NIH Employee.

Name, Affiliation, Employment Status (NIH Employee/Non-NIH Employee).

22	<input type="checkbox"/>	No conflicts identified for NIH employees, or conflicts have been resolved through divestiture or waiver.
23	<input type="checkbox"/>	No conflicts exist however one or more NIH employees have a de minimus holding in the manufacturer of the product(s) used in the study. Name of manufacturer(s):
24	<input type="checkbox"/>	No conflicts exist however one or more NIH employees have an over the de minimus holding in the manufacturer of the product(s) used in the study and has been cleared to participate by waiver. Name of manufacturer(s):
_____		_____
Deputy Ethics Counselor for IC of P.I.*		Date Signed
		Date Returned to P.I.

\*Indicates an analysis of personal and financial holdings has been conducted for NIH Employees only and clearance provided by the IC DEC.