

THE CAMPBELL FOUNDATION

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The Campbell Foundation Conflict Of Interest Form

1. Do you, any member of your immediate family, or any business and/or research partner(s) have a financial or other interest in any of the potential research results/ clinical trials? Yes No
2. Have gratuities, favors, or anything of monetary value been offered to you or accepted by you from any of the potential participants in the proposed research project? Yes No
3. Have you been regularly employed by any of the associated universities, clinics, pharmaceutical companies, or outside research institutes within the past two years, other than your current affiliation? Yes No
4. Do you plan to seek or accept future regular employment with any of the associated universities, clinics, pharmaceutical companies, or outside research institute? Yes No
5. Are there any other conditions which may cause a conflict of interest? Yes No

If you answered "Yes" to any of the above questions, please provide a written explanation of your answer below. If additional space is necessary, continue on the back of this page.

I declare that all of the above questions are answered truthfully and to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

Title: _____