



## Weill Cornell Medical College Study Specific Form FOR EXTERNAL NON-WCMC USE ONLY

All external users must complete an external SSR whether or not they have any relationships to disclose.

\* Investigators from New York Presbyterian and Hospital for Special Surgery should file an electronic survey through the Weill Research Gateway (<https://wrq.weill.cornell.edu>).

### Article I. Study Specific Report Form

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

1. Project/Protocol Title:

2. Grant Number: \_\_\_\_\_

3. Project Principal Investigator: \_\_\_\_\_

4. Protocol Number: \_\_\_\_\_

a Protocol Type:     IRB             IACUC             N/A

5. Please provide a description of your role(s) in this research:

6. Project Sponsor(s): \_\_\_\_\_

7. Drug Sponsor (s): \_\_\_\_\_

8. Device Sponsor (s): \_\_\_\_\_

9. Have you completed [Conflicts of Interest Training](#) at your institution/ employer?    Yes    No

10. Do you, your spouse/ domestic partner, and/or dependent child have any interests or relationships with the study sponsor (including the study drug or device sponsor), or could the work contemplated in this project reasonably appear to affect an entity which you have a relationship. This includes, but is not limited to:

- Income (consulting fees, salary, honoraria)
- Equity/ Ownership
- Advisory activity, board membership or an officer position
- Inventor of any device, vaccine, procedure, drug or any product that is used in the study

Yes    No

**If No, proceed directly to Article III certification. If yes, you must complete Articles II & III.**

## Article II. Study Related Entity Disclosure

Entity Name (one entity per form): \_\_\_\_\_

\* **Type:**     For-Profit     Non-Profit     Private Non-Profit     Federal Government     Other

\* **Corporate Status:**     Publicly Traded     Privately Held

\* **Intellectual Property:** \_\_\_\_\_

\* **Person who has relationship to this entity:**

Self     Immediate Family Member (spouse/domestic partner and/or dependent child)

1. \* **Have you received honoraria or other payment for books, publication or lectures from this entity within the past 12 months?**

Yes     No

If yes, how much were you compensated by this entity? Please give exact dollar amount: \_\_\_\_\_

Please indicate which activities (e.g., commissioned papers, speakers' bureau, etc.):

\_\_\_\_\_  
\_\_\_\_\_

2. \* **Have you received consulting fees from this entity within the past 12 months?**

Yes     No

If yes, how much were you compensated by this entity? Please give exact dollar amount: \_\_\_\_\_

Please describe the nature of your consulting work:

\_\_\_\_\_  
\_\_\_\_\_

3. \* **Do you have equity/ownership interest (e.g., stock or option holding, partnership share) in this entity?**

Yes     No

If yes, please provide the percentage of company ownership represented by your holding: \_\_\_\_\_

Value of equity/ownership interest (please give exact dollar amount): \_\_\_\_\_

Specify stock, options, etc.: \_\_\_\_\_

4. \* **Have you received personal income from this entity through royalties within the last 12 months?**

Yes    No

5. \* Do you or will you receive personal income from this entity through licensing fees from patents or other intellectual property interests for this or a subsequent reporting year?

Yes    No

- a If yes, yearly income (estimated or received whichever is greater):
- b Will that intellectual property be used, purchased or leased in this project

Yes    No

If Yes, please describe how it ((device, vaccine, procedure, methodology, use, drug, product, etc) will be used in the project:

6. \* Do you have an executive position with this entity?

Yes    No

If yes, type of position: \_\_\_\_\_

If you have another position with this entity, please specify: \_\_\_\_\_

Please describe your role(s) in the position(s): \_\_\_\_\_

If yes, please provide yearly income (please give exact dollar amount): \_\_\_\_\_

7. \* Do you serve as a member of an advisory board for this entity?

Yes    No

Please describe your role(s) or position(s):

\_\_\_\_\_

\_\_\_\_\_

If yes, please provide yearly income (please give exact dollar amount): \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

8. \* Do you serve on the corporate board of directors for this entity?

Yes       No

Please describe your role(s) or position(s): \_\_\_\_\_

If yes, please provide yearly income (please give exact dollar amount): \_\_\_\_\_

Explanation: \_\_\_\_\_

9. \* Does this entity provide any money to support any of the research in which you may be involved?

Yes       No

If yes, what is your relationship to the research? \_\_\_\_\_

Please describe your role(s) in the research: \_\_\_\_\_

If you have another role in the research, please describe: \_\_\_\_\_

10. \* Does this research project involve human subjects?

Yes       No

Please provide specific information about your role(s) related to the human subjects in this research:

11. \* Does this research involve clinical research with the purpose to evaluate the safety or effectiveness of a drug, medical device, or treatment?

Yes       No

Please provide a rationale for your answer: \_\_\_\_\_

12. \* Could your financial interest in the entity directly and significantly affect the design, conduct, or reporting of this research?

Yes       No

Please provide a rationale for your answer: \_\_\_\_\_

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13. \* Could the results of any of your research reasonably be viewed as affecting the financial or other interests of this entity?

Yes     No

Please provide a rationale for your answer: \_\_\_\_\_

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14. \* Could the results of this research reasonably be viewed as affecting the value of financial interests (equity or equity equivalents, payments of any type, patents, etc.) of you or a member of your immediate family (spouse, significant other, parent, sibling, children, or other relative in household)?

Yes     No

Please provide a rationale for your answer: \_\_\_\_\_

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15. \* Do students/trainees work on the research?

Yes     No

Please provide specific information: \_\_\_\_\_

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16. \* Do you have any other relationship with or financial interest in this entity?

Yes     No

If yes, please describe: \_\_\_\_\_

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17. \* Do you receive any gifts, payments, favors or anything of monetary value from this entity?

Yes     No

If yes, please describe: \_\_\_\_\_

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### **Article III. Study Specific Report of External Interests and External Time Commitments Survey**

I have completed this report fully and to the best of my ability. I understand that failure to disclose compensation from a commercial entity is not permitted by institutional policy. In addition, I have read the policies regarding conflict of interest and understand those policies as written. I agree to abide by those policies and disclose any relationships that I, or any member of my immediate family, including spouse, significant other, or children have with commercial entities as indicated in this report for review by the Conflicts Advisory Panel.

**I agree with the above statement:** *(please check one)*       **Yes**       **No**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If after signing this form you or an immediate family member acquire any interests or relationships with the study sponsor or with an entity whose interests could reasonably appear to be affected by this study, you must submit an updated Study Specific Report form within 30 days of acquiring the interest or relationship.**

**Additional comments or clarifications regarding this report** *(please include additional documents regarding this report if needed):*