DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Form Approved: OMB No. 0910-0396 Expiration Date: April 30, 2022

## **DISCLOSURE: FINANCIAL INTERESTS AND ARRANGEMENTS OF CLINICAL INVESTIGATORS**

TO BE	COMPLETED	<b>BY APPLICANT</b>

ТО ВЕ СОМЕ	PLETED BY APPLICANT	
The following information concerning	Name of clinical investigator	, who participated
as a clinical investigator in the submitted study		
is inical study amed individual has participated in financia		Name of ce with 21 CFR part 54. The olds financial interests that ar
equired to be disclosed as follows:		
Please mark th	ne applicable check boxes.	
any financial arrangement entered into be investigator involved in the conduct of the to the clinical investigator for conducting study;	covered study, whereb	by the value of the compensation
any significant payments of other sorts m the covered study, such as a grant to equipment, retainer for ongoing consultati	fund ongoing research	
any proprietary interest in the produc investigator;	t tested in the cover	red study held by the clinic
<ul> <li>any significant equity interest, as defined the sponsor of the covered study.</li> <li>Details of the individual's disclosable financial</li> </ul>		
lescription of steps taken to minimize the lisclosed arrangements or interests.	-	-
NAME	TITLE	
FIRM/ORGANIZATION		
SIGNATURE	1	Date ( <i>mm/dd/yyyy)</i>
This section applies only to the requirements of the Paperwe in agency may not conduct or sponsor, and a person is not required aformation unless it displays a currently valid OMB control number. ollection of information is estimated to average 5 hours per respons	d to respond to, a collection of Public reporting burden for this	<b>Do NOT send your completed form</b> <b>the PRA Staff email address below.</b> Department of Health and Human Service. Food and Drug Administration
astructions, searching existing data sources, gathering and mainta completing and reviewing the collection of information. Send comment r any other aspect of this collection of information to the address to the	ining the necessary data, and ts regarding this burden estimate right:	Office of Operations PRAStaff@fda.hhs.gov
"An agency may not conduct or sponsor, an	d a parson is not required to reapor	ad to a collection of