

# **The National Institutes of Health**

## **Conflict of Interest and Confidentiality Certification for Individuals Evaluating NIH Intramural Clinical Protocols**

The purpose of this document is to assure that no conflict of interest exists between the extramural protocol reviewer and the NIH principle investigator, Laboratory or Branch from which the protocol was developed. A conflict of interest is a competing personal interest could affect, or could appear to affect, an individual's judgment or could cause the individual's impartiality to be questioned.

(<https://grants.nih.gov/grants/glossary.htm#C>)

I will recuse myself from evaluations of NIH intramural clinical protocols for which a real or potential conflict of interest exists. To that end, I certify that:

1. To the best of my knowledge and belief, I or my spouse/domestic partner, parent, minor child, partner, or close professional associate do not have a direct or competing financial interest related to the research protocol nor do I serve with an organization with such an interest;
2. I have not had a significant collaboration with the protocol Principal Investigator (PI) in the past four years;
3. I am not serving as a paid or unpaid consultant for the Laboratory/Branch from which the protocol originates;
4. I have neither engaged in any negotiations for prospective employment with the Laboratory/Branch/ from which the protocol originates nor am I in the process of recruiting an investigator from the NIH Laboratory/Branch;
5. I have not been a member of the Laboratory/Branch or a mentor or trainee of the investigators on the protocol within the past eight years; or
6. I am not a close personal friend or relative of any investigators currently named in the protocol under review. My participation in the evaluation of NIH intramural clinical protocols is not prohibited by my employer, if any, and I have obtained any permissions required by my employer to perform this service for NIH.

I will also avoid any actions that might give the appearance that a conflict of interest exists or could reasonably be viewed as affecting my objectivity. I understand that if I have questions, I should direct them to Anne Zajicek, MD, PharmD, Deputy Director, NIH Office of Clinical Research.

**CERTIFICATION REGARDING CONFIDENTIALITY OF INFORMATION**

I fully understand the confidential nature of the materials and discussions related thereto and agree (1) to destroy or return all review-related materials; (2) not to divulge or discuss these materials or the review proceedings with any individual except the designated NIH Institute or Center point(s) of contact, and (3) refer all inquiries made of me, concerning any aspect of the review proceedings, to the designated NIH Institute or Center point(s) of contact.

I further understand the confidential nature of the materials distributed prior to review and the related committee and/or review discussions, and I agree to respect the confidential status of this information.

**Name (Printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Laboratory / Branch to Be Reviewed:**

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