

**THE NATIONAL INSTITUTES OF HEALTH
CONFLICT OF INTEREST AND CONFIDENTIALITY CERTIFICATION FOR
INDIVIDUALS EVALUATING ALL NIH INTRAMURAL PROGRAMS**

I will recuse myself from evaluations of Laboratory/Branch/Independent Section research programs 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 program, nor do I serve with an organization with such an interest;
2. I have not had a significant collaboration with any Laboratory/Branch/Independent Section member in the past four years;
3. I am not serving as a consultant for the Laboratory/Branch/Independent Section;
4. I have not engaged in any negotiations for prospective employment with the Laboratory/Branch/Independent Section or am not in the process of recruiting a Laboratory/Branch/Independent Section member;
5. I have not been a member, mentor, or trainee in the Laboratory/Branch/Independent Section within the past eight to ten years; or
6. I am not a close personal friend or relative of any Laboratory/Branch/Independent Section member.

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 the Executive Secretary of the BSC. If the Executive Secretary has questions, he/she may consult with the Institute/Center Ethics Officer.

CERTIFICATION REGARDING CONFIDENTIALITY OF INFORMATION

I fully understand the confidential nature of the materials and review group 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 Executive Secretary; and (3) refer all inquiries made of me concerning any aspect of the review proceedings to the Executive Secretary. 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)

SIGNATURE

DATE

LABORATORY/ BRANCH/INDEPENDENT SECTION TO BE REVIEWED:

**Institute Name
Branch/Laboratory/Program Name
City, State
Meeting Dates**