

St. Louis College of Pharmacy
Disclosure of Financial Interest Form

Title: COPD severity and adherence to GOLD guidelines in the community pharmacy setting.

This form is to be completed by each Investigator involved in the project and by any other individual who is responsible for the design, conduct, or reporting of the study.

You are being asked to disclose whether you, your spouse, or your dependent children currently hold (or in the past twelve months have held or anticipate holding in the next twelve months) any investment interest in or otherwise received monetary benefit from the sponsor of the protocol, a supporting organization, a company that owns/licenses the item studied, or from another organization where there could be an appearance of a personal interest that might affect the design, conduct of, or reporting of the research, or an individual's decision to participate in the study. Do not include: the St. Louis College of Pharmacy; a federal, state or local agency; an institution of higher education; an academic teaching hospital; a medical center; a research institute that is affiliated with an institution of higher education.

Check one of the following:

NO Financial Interest

Financial Interest

Financial interests include, but are not limited to, consulting, speaking fees, honoraria, gifts, licensing revenues, other research agreements, equity interests (including stocks, stock options, warrants, partnership and other equitable ownership interests. See the list below.

TRAVEL EXPENSES:

During the past twelve months have you received travel expenses (paid for or reimbursed) other than those excluded above? YES NO (circle one)

If YES, provide: Purpose of the trip, Sponsor/Organizer, Destination, Duration.

FINANCIAL INTEREST:

During the past twelve months, have you (or spouse or dependent child) received:

- | | | |
|-----|----|--|
| YES | NO | Consulting fees |
| YES | NO | Speaking fees |
| YES | NO | Honoraria |
| YES | NO | Gifts |
| YES | NO | Licensing/Royalties |
| YES | NO | Equity Interests (e.g., stock, stock options, other ownership interests) |
| YES | NO | Mutual Funds (for which you directly control investment decisions) |
| YES | NO | Membership on Scientific Advisory Board |
| YES | NO | Other (please describe) |
| YES | NO | Financial interests include a publicly traded company |
| YES | NO | Financial interests include a privately owned company (no minimum limit) |

Value (or indicate no privately owned company and total value \$4,999 or less):

If you have a Conflict of Interest Management Plan, has it been approved? YES NO

Additional Comments:

By signing this form, you attest that all information is correct. You agree to update this disclosure immediately upon acquisition of or change in a relevant financial interest. Additionally, you have completed the required CITI training, including the Conflict of Interest, Stage 1 module.

Signature: _____

Printed Name: _____

Date: _____