** Financial Conflict of Interest Response Form**

 **Version 7: August 19, 2024**

In accordance with the RTOG Foundation, Inc. (RTOG) Financial Conflict of Interest (FCOI) Policy dated May, 13,2024, you serve in a role which requires you to complete this response form. Do you, your spouse or dependent children have **either** a relationship or financial interest, when aggregated, is in excess of $5,000 with any business, organization or other activity that may conflict or appear to conflict with your duties, responsibilities or exercise of independent judgment in any transaction or matter involving study

RTOG       and/or collaborator       .

YES  **[ ]** NO  **[ ]**

If you answered “YES” please describe the nature of the relationship or financial interest, investment or **personal** compensation you have received in the preceding 12 months, **on the Confidential Financial Disclosure Form[[1]](#footnote-1) (included with this form).**

A conflict does not necessarily imply that an individual is ineligible to serve in the assigned role. A conflict may, however, limit participation on specific activities. Financial conflicts of interest (FCOI) over $5,000 on NIH and industry collaborator-funded projects must be reported. FCOI on NIH projects will be reported to NIH. During the course of your participation in RTOG activities, any change in your status that could constitute a conflict or potential conflict must be reported, in writing, to RTOG.

***FCOI Training:*** Only investigators participating in NIH-funded projects2 are required to complete FCOI training related to Financial Conflict of Interest every four years. Please provide the most recent date that you completed FCOI training. Proof of training may be requested. If you have not completed training, RTOG will provide an online training course for you to complete.

 **[ ]** Required **[ ]** Not Required

Date of FCOI Training: \_\_     \_\_\_\_\_\_\_\_\_ Initials:

**ACKNOWLEDGMENT**

I acknowledge that I have read and understand the above requirements for reporting any potential or actual financial conflicts of interest during my tenure with RTOG.

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

Printed Name Signature Date

**Please return to:**

RTOG Conflict of Interest Coordinator – contracts@rtogfoundation.org

** Confidential Financial Disclosure Form**

|  |  |
| --- | --- |
| **Name:**       | **Date:**       |
| **Address or Company / Organization Name:**  |       |

**Instructions**: Describe the nature of the relationship or financial interest, investment or **personal** compensation you have received in the preceding 12 months by **completing this table.**

 **$0 $5,000 $10,000 $25,000 -**

 **$4,999 $9.999 $24,999 $49.999 >$50,000**

Serve on an Advisory Board (AB) **[ ]  No [ ]  Yes** **[x]  [ ]  [ ]  [ ]  [ ]**

Serve on a Board of Directors (BOD) **[ ]  No [ ]  Yes [ ]  [ ]  [ ]  [ ]  [ ]**

Consulting (other than AB or BOD) **[ ]  No [ ]  Yes [ ]  [ ]  [ ]  [ ]  [ ]**

Position in the company **[ ]  No [ ]  Yes [ ]  [ ]  [ ]  [ ]  [ ]**

Product evaluation payments **[ ]  No [ ]  Yes [ ]  [ ]  [ ]  [ ]  [ ]**

Publication agreement or royalties

for books **[ ]  No [ ]  Yes [ ]  [ ]  [ ]  [ ]  [ ]**

Fees/Honoraria for company

sponsored lectures **[ ]  No [ ]  Yes [ ]  [ ]  [ ]  [ ]  [ ]**

Stock *(excluding diversified mutual funds)* **[ ]  No [ ]  Yes [ ]  [ ]  [ ]  [ ]  [ ]**

Stock options **[ ]  No [ ]  Yes [ ]  [ ]  [ ]  [ ]  [ ]**

Partnership, warrants or other

ownership interest **[ ]  No [ ]  Yes [ ]  [ ]  [ ]  [ ]  [ ]**

Intellectual property rights and interests **[ ]  No [ ]  Yes [ ]  [ ]  [ ]  [ ]  [ ]**

Licensing agreement or royalties

for inventions **[ ]  No [ ]  Yes [ ]  [ ]  [ ]  [ ]  [ ]**

Other (describe below): **[ ]  No [ ]  Yes [ ]  [ ]  [ ]  [ ]  [ ]**

Describe your financial interest, including your spouse and/or dependent children, with this company and how it may relate to your research:

Is the **aggregated** total financial relationship less than $5,000? **[ ]  No [ ]  Yes**

Is the **aggregated** total financial relationship greater than $25,000? **[ ]  No [ ]  Yes**

Is this financial interest potentially related to any of your research with RTOG? **[ ]  No [ ]  Yes**

**If yes, please identify \_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you use, prescribe, or recommend to your patients any products from these companies?  **[ ]  No [ ]  Yes**

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

Printed Name Signature Date

1. *Complete one form per company.*

*2 Investigators participating in RTOG projects/studies that are not funded by NIH are not required to submit evidence of training. For example, RTOG 3506, 3507, 3519, 3519, 3521 are not NIH funded and FCOI training is not required.* [↑](#footnote-ref-1)