



# Financial Conflict of Interest Response Form

Version 5: February 15, 2017

In accordance with RTOG Foundation, Inc. (RTOG) policy, 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 RTOG \_\_\_\_\_ [insert study number if applicable] and/or \_\_\_\_\_ [insert company as applicable]?

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<sup>1</sup> (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 projects<sup>2</sup> 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.

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 – RTOG-COI@acr.org

<sup>1</sup> Complete one form per company.

<sup>2</sup> Investigators participating in RTOG projects/studies that are not funded by NIH are not required to submit evidence of training. For example, RTOG 3503, 3504, 3505, 3507 are not NIH funded and FCOI training is not required.



## Confidential Financial Disclosure Form

<b>Name:</b>	<b>Date:</b>
<b>Company / Organization Name:</b>	

**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 \$4,999	\$5,000 \$9,999	\$10,000 \$24,999	\$25,000 - \$49,999	>\$50,000
Serve on an Advisory Board (AB)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serve on a Board of Directors (BOD)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting (other than AB or BOD)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Position in the company	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product evaluation payments	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publication agreement or royalties for books	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fees/Honoraria for company sponsored lectures	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock ( <i>excluding diversified mutual funds</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock options	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnership, warrants or other ownership interest	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual property rights and interests	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing agreement or royalties for inventions	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe below):	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Is the <b>aggregated</b> total financial relationship less than \$5,000?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the <b>aggregated</b> total financial relationship greater than \$25,000?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this financial interest potentially related to any of your research with RTOG?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>If yes please identify</b> _____	
Do you use, prescribe, or recommend to your patients any products from these companies?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Printed Name

Signature

Date