

Clinical Trial Investigator Financial Interest Declaration

Investigator Information

Name:

Role in Study:

Institution:

Study Information

Study Title:

Protocol Number:

Sponsor:

Financial Interests

Type of Interest	Details
Equity Interests	
Intellectual Property Rights	
Payments (Consulting, Honorarium, etc.)	
Other Financial Interests	

Certification

I certify that the information provided above is accurate and complete to the best of my knowledge.
Signature:

Date:

