



**UNIVERSITY OF CINCINNATI IRB  
FINANCIAL CONFLICT OF INTEREST STATEMENT**

**Please complete and return with any protocol submitted for initial and continuing review.**

**Name of PI:** Deepak Krishnan

**IRB #:** 2014-2639

**Study Sponsor Name:** AAOMS PBRN

**Sponsor Protocol Number:** N/A

**Study Title:** Prospective outcomes of management of third molar extractions via a large multicenter study.

**Person Signing Form:** Fill in your name here

**Role in Study:** Site Investigator

**Study Responsibilities (check all that apply):**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Screen Participants    | <input type="checkbox"/> Randomize Participants   | <input checked="" type="checkbox"/> Discharge Instructions                                  |
| <input checked="" type="checkbox"/> Perform Physical Exam  | <input type="checkbox"/> Dispense Study Drug      | <input checked="" type="checkbox"/> Follow-up Phone Calls                                   |
| <input checked="" type="checkbox"/> Record Medical History | <input type="checkbox"/> Drug Accountability      | <input checked="" type="checkbox"/> Complete Source Documents                               |
| <input checked="" type="checkbox"/> Determine Eligibility  | <input checked="" type="checkbox"/> Assess AEs    | <input checked="" type="checkbox"/> Sign Data Query Forms                                   |
| <input checked="" type="checkbox"/> Administer Consent     | <input checked="" type="checkbox"/> Complete CRFs | <input checked="" type="checkbox"/> Other <u>Co-Investigators role and responsibilities</u> |

In order to protect participants from financial conflicts of interest the IRB requires that such potential conflicts during the past 12 months be disclosed. If the IRB determines that a conflict exists that could influence the research or jeopardize the well-being of participants, the IRB may require additional information about the conflict or may require that the conflict be resolved before the research is approved. In addition, it may require that the conflict be disclosed to the participant in the Informed Consent Statement.

**Please indicate the following:**

- Yes     No    I or a member of my immediate family own(s) equity (stock ownership, stock options, convertible note(s), or other ownership interest in any amount) in the company or other legal entity whose drug, procedure, technique, device, or software I am testing (the "Company").
- Yes     No    The Company holds patent rights to inventions created by me or a member of my immediate family (spouse, children, parent, in-laws, and siblings).
- Yes     No    I or a member of my immediate family hold(s) a position of senior management officer, or director of the Company.
- Yes     No    I or a member of my immediate family am/is a scientific advisor, consultant, or speaker for the Company and receive payments from the Company (including direct or indirect payments, honoraria, and all other forms of compensation).
- Yes     No    If a device, technique, software, or procedure involved in the research is marketed, I or a member of my immediate family may be entitled to royalty income or income from the sale of the product.
- Yes     No    I or a member of my immediate family have any other financial interest that may appear to conflict with the protection of subjects or which should be disclosed to subjects in order to secure informed consent.

**IF ANY BOX ABOVE IS CHECKED YES, INCLUDE ON A SEPARATE SHEET AN EXPLANATION OF THE CONFLICT (INCLUDING THE AMOUNT OF MONEY) FOR THE IRB'S CONSIDERATION. INFORMATION PROVIDED IS CONSIDERED CONFIDENTIAL.**

My signature below is my representation that I have accurately completed this form to the best of my knowledge.

\_\_\_\_\_  
**Signature of Investigator/Sub-investigator**

\_\_\_\_\_  
**Date**

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