

INNOVATION FELLOWS COI CHECKLIST and QUESTIONNAIRE

Please complete the COI checklist and Questionnaire below to help Innovation confirm your eligibility to participate in a Fellow's Project in Industry.

Please complete all sections in detail: Incomplete forms will be returned.

Fellow Candidate Name: _____ Date: _____

1. CHECKLIST: Summary of your participation in clinical research activities at the hospital (not incl. Fellow's Project) currently or anticipated during the period of your Fellow's Project specifically related to any technology of the Company Host sponsoring your Innovation Fellow's Project

Activity related to company host tech	Currently			Anticipated During Fellow's Project		
	YES	NO	% Effort	YES	NO	%Effort
Clinical Trials						
Clinical Research						
Preclinical Research						

2. QUESTIONNAIRE: For any research activities for which you answered YES above, answer the following questions (duplicate set of questions and answer for each activity separately).

1. Please provide the following information for each separate research activity:
 - a. Agreement number
 - b. Brief description of the Research (clinical trial/research project) you are working on related to Tech of host company
 - c. Your specific role in the project;
 - d. Whether the research receives funding from the NIH or any other Public Health Service agency/institute, and if so the grant number;
 - e. Whether it involves an IRB protocol and if so the protocol number;
 - f. Whether it receives funding from the Fellow's Project Host company;
 - g. A description of whether the results of the research could in any way affect the financial interest of the Host Company; and if so, a description of how.

3. Describe the Fellow's Project scope of work (attach separately/describe below)

4. Financial Interest in Fellow's Project Host Company:

1. Do you or a family member have any relationship (consulting, Scientific Advisory Board, Board of Directors, Executive Position, paid talks, employment etc.,) with the Host Company?
 - a. If Yes, do you receive Compensation (cash, equity, etc.)?
 - b. If Cash, *List amount received per calendar year:*
 - c. If Equity (includes stock options and any other form of ownership interest): *[describe]*
 - a. If other: *[describe]*

5. Please review Harvard Rule 1(a) and attest to a blanket statement that states "I understand the rule and I have reviewed all of my clinical research protocols and I can confirm that none of them involve me participating in any way in a research protocol that is on the company's technology."

I attest to the above statement: _____