

Healthy Eating Research Conflict of Interest Disclosure Form

Project Title: _____

Principal Investigator: _____

Organization: _____

As part of the application process, finalists (principal investigator, co-principal investigator and co-investigators) will be asked to disclose any competing interests (financial arrangements or relationships) that might compromise the credibility or perceived credibility of the study findings, or could affect your objectivity, or create an appearance of external influence. This request is similar to the types of disclosure requested by leading health journals. The RWJF interest extends to those areas relevant to the study that, broadly viewed, could be construed as constituting a conflict of interest or the appearance thereof. When notified, please complete and sign this form and fax or mail it to the address below. *The Healthy Eating Research* National Program Office staff will review and file your statement, and contact you in the event of any questions or issues requiring further clarification.

1. Have you accepted in the past 3 years, or do you anticipate accepting in the foreseeable future, any of the following from any organization or entity (e.g., industry, advocacy organizations) that may in any way gain or lose financially from the results or conclusions of your study? (Please check the box to the left of each activity below, which applies to the past 3 years and foreseeable future.)

- | | |
|---|---|
| <input type="checkbox"/> Lecture fees | <input type="checkbox"/> Funds for research or projects |
| <input type="checkbox"/> Consulting fees or paid advisory boards | <input type="checkbox"/> Royalties |
| <input type="checkbox"/> Expert testimony | <input type="checkbox"/> Stock ownership or options |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Patents received or pending |
| <input type="checkbox"/> Support for the present project, including any in-kind support | <input type="checkbox"/> Other activities |

Please explain all items you have checked:

- 2a. Do you have any other competing financial interests or conflicts? If so, please specify:

- 2b. Do you have any other competing organizational ties that would constitute a conflict of interest? If so, please specify:

3. **Indicate below that you have NO competing financial interests by checking the box to the left of the following statement:**

- I declare that I have no competing financial interests, organizational ties or other relationships that could reasonably be viewed as a conflict of interest.

Please print your name: _____

Signature: _____ Date: _____

Please return signed, completed form via mail, fax or signed electronic copy to:

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