

**SUBJECT: CONFLICT OF INTEREST - INSTITUTIONAL
REVIEW BOARD & CLINICAL RESEARCH**

CODE: C – 9

EFFECTIVE DATE: 3/2012

REVISION DATE:

REVIEW DATE:

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RELATED POLICIES: C-20 Conflict of Interest

PURPOSE: To protect the interests of current and future clinical research participants through full disclosure of conflicts of interest. United Hospital Center has the responsibility to promote objectivity and assure that any financial interest involved in research does not introduce bias.

** Refer to Hospital Policy C-20 for conflict of interest foundation with specifics related to IRB listed below.

PROCEDURE:

1. Duty to disclose. All IRB voting members along with investigators will complete a conflict of interest document the first meeting of each year.
2. Determining whether a conflict of interest exists. The chair of the IRB will collect and review all completed conflict of interest documents and will review such documents for discussion of any perceived conflict of interest in future meetings. The chair will keep such documents on file secure for future reference upon declaration of a potential conflict. Hospital Policy C-20 guides procedures for addressing the conflict of interest.
3. Addressing the conflict of interest. (See Hospital Policy C-20)
4. Violations of the conflict of interest policy. (See Hospital Policy C-20)
5. Records of proceedings. (See Hospital Policy C-20)
6. Compensation. (See Hospital Policy C-20)
7. Annual Statements. Each member of the IRB or investigator shall annually complete and sign the written conflict of interest statement. Those individuals shall report in writing to the chair any changes in circumstances if prior to the next annual written statement. The dollar threshold for a significant financial interest is \$5,000.

ADDITIONAL INFORMATION

1. All current and future investigators will be given a copy of the conflict of interest policy. Training will be provided to each investigator initially and renewed every four years.
2. All efforts will be made to ensure subcontractors comply with the conflict of interest policy.
3. The chair will seek direction from the hospital General Counsel for questions or concerns on questionable conflicts of interest.

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4. Financial conflict of interest reports will be provided as requested to the federal government, parent research organization or other agencies as appropriate on request.
5. Enforcement of the policy will be the responsibility of the IRB chair. Sanctions will be determined by organization standards after review and analysis. Sanctions may include but are not limited to removal from IRB membership or in case of an investigation, suspension from research privileges/activities.
6. All appropriate information regarding clinical research IRB conflicts of interest will be made available upon request to the Department of Health and Human Services, along with other appropriate requestors, relating to any investigators disclosure of financial interest to the institution and its review, response, disclose and determination.
7. This IRB/Clinical Research conflict of interest policy along with the United Hospital Center organizational conflict of interest policy will be maintained on the UHC public website www.thenewuhc.com.
8. Specific conflict of interest information will be made available to anyone who appropriately requests the information within five (5) days of the inquiry as available.