

**IRB MEMBER CONFLICT OF INTEREST  
Disclosure Agreement**

**Rush University Medical Center requires all IRB members to complete this supplemental conflict of interest form.**

All financial or other potential/actual conflicts of interest disclosures require oversight to ensure that the rights and welfare of human research participants are not compromised. The institutional review board (IRB) reviews recommendations and management plans provided by the Conflict of Individual Interest in Research Committee, per institutional policy OP-0359 and CC-RC-008.

In accord with federal regulation (45 CFR 46.107(e)), IRB members may not participate in the IRB's initial, continuing, or final review of any research protocol in which the member has a conflicting financial interest, except to provide a summary of the research and/or to address information requested by the IRB.

Prior to final IRB deliberation, members will recuse themselves from consideration of and/or voting on any matter in which they have conflicts of interest. Prior to the consideration of new or continuing protocols, IRB members will be asked to disclose any potential conflicts of interest and reminded of the policies outlined in this document. IRB members who are excused from the final deliberation and vote due to conflicts will be noted in the minutes.

**Disclosure Agreement**

Name (printed): \_\_\_\_\_

I certify that I have been given a copy of, read and will abide by Rush's Comprehensive and Research Conflict of Interest Policies regarding disclosure(s) and exclusion(s) for any study under IRB review where I have a financial or other conflict of interest. I will make known the existence of possible conflicts of interest that I may have regarding a protocol under review prior to the beginning of the IRB's discussion of the protocol and I will remove myself from the meeting for the final deliberation and vote in accord with IRB requirements.

Acknowledged and Agreed:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

