D2d Conflict of Interest and Financial Disclosures Form

Name of Covered Individual:

D2d site or study core affiliation (if applicable):

Role in D2d:

Email:

1. Type of disclosure:
   - ☐ Initial ☐ Interim Update
   - ☐ Annual Follow-up. - Has there been a change in your (or your spouse, domestic partner or dependent children) conflict of interest or financial disclosure since your last filing?
     - ☐ No, skip number 2 and table and sign below
     - ☐ Yes, continue to number 2 and complete table.

2. Do you (or spouse, domestic partner or dependent children) have any financial interests to disclose?
   - ☐ No, skip table and sign below ☐ Yes, complete table below

Record the company name and, in each column, enter the dollar amount. You must disclose: (1) all payments greater than $5,000 received during the past 12 months, (2) any stock ownership of a privately or publicly held company. If a column is not applicable, please leave empty. Attach additional pages if needed.

Name of Company, Institution or Foundation	Stock Ownership	Intellectual Property Rights *	Personal Compensation **	Grants/Contracts (Federal and Non-Federal)	Travel ***	Other	Total Compensation
	☐						$ 0.00
	☐						$ 0.00
	☐						$ 0.00
	☐						$ 0.00
	☐						$ 0.00
	☐						$ 0.00

* Patents royalties, licensing fees

** Fees for presentations, consulting fees, honoraria

*** Industry-sponsored travel grants to cover expenses for educational symposia; fees for consulting or speaking engagements should be included under Personal Compensation.

I have read and agree to abide by the D2d conflict of interest policy, as described in the document titled: *D2d Manual of Procedures - Section 2 - Appendix 1 Conflict of Interest Policy.*

Signature Date (MM/DD/YYYY)

(e-signature recommended)

Final steps to submission:

Save a copy of this form to your computer.

Click on the "Submit" button and follow the directions to submit electronically. Alternatively, you may attach the file manually to an email and send to: D2d@TuftsMedicalCenter.org.

Submit