

**HPTN CLINICAL INVESTIGATORS
DISCLOSURE OF FINANCIAL INTERESTS AND ARRANGEMENTS**

Please complete all information below, including providing your signature where indicated.	
1. Protocol Number	
2. Protocol Title	
3. CTU/CRS Name	
4. Participating Pharmaceutical/ Biotechnology Company(s)	
5. Investigator of Record/ Subinvestigator as Listed on 1572	Mark one: <input type="checkbox"/> Investigator <input type="checkbox"/> Subinvestigator
Name:	
Institution:	
Telephone Number:	
Email Address:	
6. For the participating pharmaceutical/biotechnology company(s) listed in Item 4, indicate by marking Yes or No whether you, your spouse, or your dependent children hold financial interests as described below.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee of the Study Sponsor(s)/Co-Development Partner(s)? If yes, please describe: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any financial arrangement entered into between you and any participating pharmaceutical/ biotechnology company whereby the value of the compensation to you for conducting the study could be influenced by the outcome of the study? This includes compensation that could be greater for a favorable clinical result, compensation in the form of an equity interest in any participating pharmaceutical/biotechnology company or compensation tied to sales of the product tested in the above study such as a royalty interest. If yes, please describe: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any significant payments of other sorts from any participating pharmaceutical/biotechnology company? This could include, for example, payments made to the investigator or the institution to support activities that have a monetary value greater than \$25,000 (i.e., a grant to fund ongoing research compensation in the form of equipment, or retainers for ongoing consultation of honoraria). If yes, please describe: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any proprietary interest in the product tested in the study such as a patent, trademark, copyright, or licensing agreement? If yes, please describe: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any significant equity interest in any participating pharmaceutical/biotechnology company? This would include, for example, any ownership interest, stock options, or other financial interest whose value cannot be easily determined through reference to public prices, or an equity interest in a publicly traded company exceeding \$50,000. If yes, please describe (e.g., the date, quantity, and value of the equity): _____
In accordance with 21 CFR 54, I declare that the information provided on this form is, to the best of my knowledge and belief, true, correct, and complete. Furthermore, if my financial interests and arrangements, or those of my spouse and dependent children, change from the information provided above during the course of the study or within one year after the last patient has completed the study as specified in the protocol, I will update this form and notify DAIDS promptly.	
7. Signature:	8. Date: