

**VETERANS AFFAIRS MEDICAL CENTER  
LEXINGTON KENTUCKY  
FINANCIAL DISCLOSURE FORM**

“Immediate Family” means spouse and dependent children.

“Financial Interest Related to the Research” means financial interest in the sponsor, product or service being tested, or competitor of the sponsor.

**Do you or your immediate family have any of the following (Check all that apply)**

- Ownership interest, stock options, or other financial interest related to the research unless it meets four tests:
  - Less than \$10,000 when aggregated for you and you immediate family.
  - Publicly traded on a stock exchange.
  - Value will not be affected by the outcome of the research.
  - Less than 5% interest in any one single entity.
  
- Compensation related to the research unless it meets two tests:
  - Less than \$10,000 in the past year when aggregated for you and your immediate family.
  - Amount will not be affected by the outcome of the research.
  
- Proprietary interest related to the research including, but not limit to, a patent, trademark, copyright or licensing agreement.
  
- Board or executive relationship related to the research, regardless of compensation.
  
- Any other financial interest that you may think might represent a conflict of interest.

In accordance with 21CFR Part 54, PHS and the FDA, 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 interest and arrangements, or those of my spouse and dependent children, change from the information provided above during the course of the study or up to one year following completion of this protocol, I will notify the IRB and the R and D Committee promptly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date