**DISCLOSURE STATEMENT FOR MIND RESEARCH NETWORK (MRN) EMPLOYEES**

**SUBMITTING TO THE UNMHSC HUMAN RESEARCH PROTECTIONS OFFICE**

|  |
| --- |
|  |

**SECTION I INVESTIGATOR/STUDY INFORMATION** (completed by the MRN investigator)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

MRN Investigator’s Name (print or type) grant or proposal # (if known)

Principal Investigator Name:      

HRRC Protocol # (if known)

Study Title:

Y  N  1. Is this study sponsored and MRN is the prime grantee?

Y  N  2. Is this study sponsored and UNMHSC is the prime grantee?

Y  N  3. Is this study sponsored and UNM (main campus) is the prime grantee?

Y  N  4. Is this study non-sponsored?

|  |
| --- |
|  |

**SECTION II CONFLICTS OF INTEREST** (completed by the MRN COI Administrator or other Institutional Official)

Y  N  1. Does your university/research institute have a financial conflict of interest policy that is consistent with 42 CFR Part 50 Subpart F? This includes completing financial conflicts of interest training.

Y  N  2. Does the investigator have any potential financial conflicts of interest with the above named research study? If yes, please attach the management plan and forward to [HSC-COI@salud.unm.edu](mailto:HSC-COI@salud.unm.edu).

Y  N  3. Does the investigator have a conflict of commitment in regard to their participation in this research as an investigator?

**By signing this document, I certify that I am authorized to sign on behalf of this institution/entity, the information provided in this section is complete and accurate to the best of my knowledge.**

Signature of MRN COI Administrator/Institutional Official Date

MRN COI Administrator/Institutional Official Title:

Email Address:

Phone:

|  |
| --- |
|  |