

EXHIBIT 7

**CONFLICT OF INTEREST FORM
DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS AND OBLIGATIONS**

PART I

All HHC investigators seeking external sponsored funding to conduct scholarly activities are required to complete and file a signed Disclosure of Significant Financial Interests and Obligations each year. Each investigator must complete this form before a proposal can be endorsed for submission.

Subpart A

Specific Instructions: Place a check in the appropriate column for each question.

Investigator Name: _____

Facility/Department: _____

Questions	Yes	No
1) Interests in Publically Traded Entities. Have you, your spouse or dependent child(ren) received in the last 12 months any remuneration (salary, consulting fees, honoraria, paid authorships, or other payment not related to salary) from, or hold an equity interest (stock, stock options, or other ownership interest) in any publically traded entity that, when aggregated, exceeds \$5,000?	<input type="checkbox"/>	<input type="checkbox"/>
2) Interests in Non-Publically Traded Entities. 2a) Have you, your spouse or dependent child(ren) received in the last 12 months any remuneration (salary, consulting fees, honoraria, paid authorships, or other payment not related to salary) from any non-publically traded entity that, when aggregated, exceeds \$5,000? 2b) Do you, your spouse or dependent child(ren) hold an equity interest (stock, stock options, or other ownership interest) in any non-publically traded entity?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3) Intellectual Property. Do you, your spouse or dependent child(ren) have intellectual property rights or interests (patents, copyrights) that generate income (such as royalties)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Travel. Have you engaged in any reimbursed or sponsored travel (that which is directly paid by the sponsor on your behalf) related to a research project funded by external sponsored funding?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “*No*” to **ALL of questions 1 through 4 above**, your Disclosure is complete; you do not have to fill out Subpart B or submit Part II. Please sign and date the certification below and forward to the RA Office.

If you answered “*Yes*” to **ANY of questions 1 through 4 above**, please continue on to Subpart B below.

Subpart B

Specific Instructions: Place a check in the appropriate column for each question. Once every question is answered, the investigator must certify the information by signing the bottom of the form.

5) Are any of the interests described in questions 1 through 4 above held by you, your spouse or dependent child(ren) related to your activities or responsibilities in connection with your sponsored research?	<input type="checkbox"/>	<input type="checkbox"/>
6) Is it reasonable to anticipate that your financial interest could be directly and significantly affected by the design, conduct, or reporting of your sponsored program activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “*No*” to **BOTH** questions 5 and 6 above, your Disclosure is complete; you do not have to submit Part II. Please sign and date the certification below and forward to the RA Office.

If you answered “*Yes*” to **EITHER** question 5 or 6 above, please complete a separate Part II for **every** outside organization with which you have the relationship(s) indicated in Subpart A above.

Investigator Certification:

- I have read and understood the HHC Clinical Investigation & Research Policy Section on Conflicts of Interest.
- I agree to file a new or updated Disclosure of Significant Financial Interests and Obligations form if the answer to any of the above questions changes.
- I certify that the answers to the declaration are accurate and truthful to the best of my knowledge.

Signature: _____

Date: _____

PART II

Complete Part II only if you answered, "YES" to at least one of the questions in Subpart B of Part I.

Attach one Part II form for each organization with which you have the relationship(s) indicated in Part I.

Investigator Name: _____

Number of Part II forms submitted: ____, of which, this is number ____:

1. Name of organization: _____

2. Financial relationship(s) with the organization, other than an independent scientific advisory board (check all that apply):

- Consultant Employee
- Equity Interest Recipient of Honoraria
- Recipient of Royalties Travel
- Other (Describe): _____

3. The financial relationship is between the organization and (check all that apply):

- Self
- Spouse
- Dependent Child(ren)

4. Have you received in the last twelve (12) months, or do you expect to receive in the next twelve (12) months, payments for salary, director's fees, consulting, honoraria, royalties, or any other payments that when aggregated with payments from this organization to your spouse and/or dependent child(ren) will exceed \$5,000?

Y N

5. Have you had in the last twelve (12) months or do you anticipate having in the next twelve (12) months, stock, stock options, or other equity interests in the organization which, when aggregated with those of your spouse and dependent child(ren) in this organization, have a fair market value exceeding \$5000?

Y N

6. What relationship, if any, is there between the business or activities of the organization and your current or planned areas of research?

7. Are you a member of any independent scientific advisory board from which the value of the Remuneration when aggregated in the twelve months preceding the disclosure exceeds \$5,000?

Y N

If yes, please explain: _____