



For the American College of Phlebology to ensure balance, independence, objectivity, and ethical rigor in its funded research activities, all research applicants are required to disclose any financial interest or other relationship they, an immediate family member, or anyone on their research team has with:

1. Pharmaceutical companies,
2. Biomedical device manufacturers,
3. Other corporations whose products or services are related to the subject of the research project (including medical practices)
4. Any for-profit (commercial) supporters of any activity that may have a direct bearing on the subject matter being researched.

Financial interest or other relationships can include such things as grants or research support, owner, employee, consultant, stockholder, member of speakers' bureau, recipient of honoraria or travel expense reimbursements, etc. This disclosure is not limited to areas in which a "conflict of interest" may arise, rather it is comprehensive disclosure of all such interests, regardless of whether there is current perceived potential conflict or not.

The intent of this disclosure is not to prevent an applicant with a significant financial or other relationship from obtaining funding for research, but rather to provide reviewers with full disclosure of all interests in order to evaluate all research requests as evenly as possible.

Note: You will print/sign your name and date the form in two places. This is intentional.

Do you have any financial interest, arrangement or other affiliation with one or more for-profit medically-oriented entities as described above? *(Check one box)*

Yes (Complete Part B, then Part C)

No (Complete Part A, then Part C)

Part A – Declaration of No Financial Interest

I have no financial interest or other affiliation with any for-profit medically-oriented entity as described above.

Printed Name (legibly): _____

Signature for Part A: _____ Date _____

CONFIDENTIAL INFORMATION

Part B – Financial Disclosure of Interest

In order to maintain balance and integrity in research funding, the disclosures recorded below will be included in materials sent to reviewers of the research grant application. However, this material will be held in confidence, and it will not be disclosed beyond that select group and in no cases will it be publicly disclosed.

Please check items below that apply to you, an immediate family member, or anyone on your research team. For each, when applicable, please include details of: name of for-profit entity, level of activity or involvement (in time, dollars, remuneration, or some other quantifiable measure), and any other relevant information pertaining to the potential conflict.

Type of Affiliation / Financial Interest

Consultant to/for entity	Owner or Employee of entity
Grant/Research Support from entity	Speakers' Bureau
Stock- or share-holder of entity <i>(does not include mutual funds)</i>	Any Other Financial or Material Support

Details: (If additional space is needed please attach via word or pdf.)

Printed Name (legibly): _____

Signature for Part B: _____ Date _____

Part C – Attestation of Complete Disclosure & Notice of Financial Interest

My signature below certifies that;

- I have fully and completely disclosed all commercial interests, relationships and associations that I have with for-profit medically-oriented entities,
- that should any (additional) relationships arise during the term of the research project, I will immediately inform the ACP Executive Director of such new relationships.

Printed Name (legibly): _____

Signature for Part C: _____ Date _____

For Office Use Only

Received	Review for completion	File with application
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