



Conflicts of Interest for the Oncology Research Program

Name: _____

1. Are you currently participating, or have you participated within the past 12 months, in funded or unfunded research on a technology, process, or product development, or are you the Principal Investigator for a project for an external entity that could benefit from the work of an NCCN Oncology Research Program (ORP) Scientific Committee upon which you may serve? If YES, please list organization and role:

NO YES

If YES, please list organization and role: _____

2. Have you personally (as opposed to your institution) received salary or research support for participation in funded or unfunded research for a technology, process, or product development? If YES, please list organization and role:

NO YES

If YES, please list organization and role: _____

3. Are you currently participating, or have you participated within the past 12 months, as an advisory board member, speaker bureau member, expert witness, or consultant for an external entity that could have the potential to benefit from the work of an NCCN ORP Scientific Committee upon which you may serve? If YES, please list organization, role and compensation:

NO YES

If YES, please list organization, role and compensation: _____

4. Do you currently hold, or have you held in the past 12 months, an executive position, served on a governing board, or been employed by an external entity engaged in commercial or research activities that could benefit from the recommendations of an NCCN ORP Scientific Committee upon which you may serve? If YES, please list organization, role and compensation:

NO YES

If YES, please list organization, role and compensation: _____

5. Does your spouse, domestic partner, or any dependent currently hold, or have they held within the past 12 months, an executive position, served on a governing board, or been employed by an external entity engaged in commercial or research activities that could benefit from the recommendations of an NCCN ORP Scientific Committee upon which you may serve? If YES, please list organization role and compensation.

NO YES

If YES, please list organization, role and compensation: _____

6. Currently, or in the past 12 months, have you become an owner of any equity in an external entity, e.g., pharmaceutical, device, or diagnostic company that could benefit from the work of an ORP Scientific Committee upon which you may serve? If YES, please list organization and role,

NO YES

If YES, please list organization and role: _____

7. Currently, or in the past 12 months, has your spouse, domestic partner, or any dependent become an owner of any equity in an external entity that could benefit from the work of an ORP Scientific Review Committee upon which you may serve? If YES, please list organization and role.

NO YES

If YES, please list organization and role: _____

8. Currently, or in the past 12 months, have you received royalty income or do you have the right to receive future royalties under a patent license or copyright in an external entity that could benefit from the work of an ORP Scientific Review Committee upon which you may serve? If YES, please list organization and role.

NO

YES

If YES, please list organization and role: _____

9. Currently, or in the past 12 months, has your spouse, domestic partner, or any dependent received royalty income or do they have the right to receive future royalties under a patent license of copyright in an external entity that could benefit from the work of an NCCN ORP Scientific Committee upon which you may serve? If YES, please list organization and role.

NO

YES

If YES, please list organization and role: _____

In submitting this acknowledgement, I affirm that:

- My participation in NCCN Oncology Research Program (ORP) activities as an expert advisor at scientific meetings is voluntary and advisory in nature.
- I will comply with the ORP Conflict of Interest Policy.
- I will comply with any conditions or restrictions adopted by the ORP regarding any identified conflict of interest.
- I will update this acknowledgement and the following disclosure at least annually or upon request of the ORP.

Signature: _____ **Date:** _____