



HIV VACCINE  
TRIALS NETWORK

IND STUDY FINANCIAL DISCLOSURE FORM

Please complete all of the information below, including providing your signature where indicated. Once complete, retain the original form in your site regulatory binders.	
1. Study Sponsor:	
2. Protocol Name:	
3. Protocol Number:	
4. Investigational Product Provider(s)/Developer(s) :	
5. Site Number (DAIDS Org. ID):	
6. Your Name: Mailing Address	
7. Phone Number and Email Address:	
8. Are you listed as the investigator or a sub-investigator on the 1572 Form? Investigator <input type="checkbox"/> Sub-investigator <input type="checkbox"/>	
9. Indicate by marking YES or NO if any of the financial interests or arrangements of concern to FDA (as described below) apply to you, your spouse, or dependent children. The term "[XXXX]" below refers to [XXXX] or any of its subsidiaries or affiliates. If you respond "yes" to any of the items, please provide the details of the interest or arrangement. Attachments to this document are permitted.	
Financial arrangements whereby the value of the compensation could be influenced by the outcome of the study. This could include compensation that is explicitly greater for a favorable outcome or compensation to the investigator in the form of an equity interest in [XXXX] or in the form of compensation tied to sales of the product, such as a royalty interest. YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please describe: _____	
Significant payments of other sorts, excluding the costs of conducting the study or other clinical studies. This could include payments made to the investigator or the institution to support activities that have a monetary value greater than \$5,000 (i.e. a grant to fund ongoing research compensation in the form of equipment, or retainers for ongoing consultation of honoraria). YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please describe: _____	
A proprietary or financial interest in [XXXX] such as a patent, trademark, copyright, or licensing agreement. YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please describe: _____	
A significant equity interest in [XXXX]. This would include, for example, any ownership interest, stock options, or other financial interest whose value cannot be easily determined through reference to public prices, or an equity interest in a publicly traded company exceeding \$5,000. YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please describe: _____	
In accordance with 21 CFR § 54.1 to 54.6, I declare that the information provided on this form is, to the best of my knowledge and belief, true, correct, and complete. Furthermore, <b>if my financial interests and arrangements, or those of my spouse and dependent children, change from the information provided above during the course of the study or within one year after the last patient has completed the study as specified in the protocol, I will complete a new financial disclosure form.</b>	
10. Signature:	11. Date: