**Medical College of Wisconsin**

**IRB Consultant Confidentiality Agreement and Conflict of Interest Certification Form**

Name of Consultant: Click or tap here to enter text.

IRB Number and Protocol Title: Click or tap here to enter text.

PI Name: Click or tap here to enter text.

Project Sponsor (if applicable): Click or tap here to enter text.

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**Confidentiality**

Information reviewed by the Medical College of Wisconsin (MCW) IRB may involve a variety of confidential matters, documents, and records. In order to protect the integrity of this confidential and/or proprietary information, all persons acting as consultants for the IRB are requested to sign this Agreement.

As a consultant for the MCW IRB, I agree that the information and documentation I may see related to my role with the IRB is confidential. I agree that I will not use any confidential information for any purpose other than to fulfill my role as consultant to the MCW IRB. Further, I will not copy or disclose such confidential information to any third party. All materials, papers, records and other similar documents furnished or made available to me in order to fulfill my role will promptly be returned to the MCW IRB or, if electronic, will be deleted. The obligations under this Agreement shall continue indefinitely.

**Conflict of Interest**

The MCW IRB policy prohibits individuals with certain types of financial or professional interests to serve as consultants on research involving human subjects. The following are considered potential conflicts of interest if they apply to an individual or their immediate family:

* **Compensation** – if the aggregated amount of income exceeds $5,000 in the previous 12 months (prior to disclosure) from the entity. Income includes salary and payment for services (e.g., consulting fees, honoraria, paid authorship).
* **Equity** – any amount of interest (equity) in an outside entity in the previous 12 months (prior to disclosure). Equity Interest includes stocks, stock options not yet exercised and/or other ownership.
* **Intellectual Property Rights and Interests with Entity** – upon receipt of any income related to such rights and interests from the entity.
* **Professional Conflict of Interest** – Individuals who are in any of the following roles for a project:
	+ Key Personnel of the project within the eBridge application
	+ For federally funded projects, all persons identified as “key personnel” within the grant;
	+ Members of the immediate family of, or those having a close personal relationship with, the Principal Investigator.

**Certification**

The MCW IRB has requested a consultation on the above-referenced protocol. By signing below, I acknowledge and agree to abide by the terms of the Confidentiality Agreement and certify that I do not have a potential conflict of interest as defined above or other conflict related to this research project.

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Signature Date