

Montefiore Medical Center Conflict of Interest Disclosure Survey

You are required to complete this disclosure certification under Administrative Policy and Procedure JH20.01, Conflicts of Interest, and return it by e-mail within 10 business days of receipt to the Office of Corporate Compliance. As described below, please disclose any relationship that you or your immediate family members have or had within the past two years with any medical services company, supplier or manufacturer, or any other vendor or entity potentially having a business relationship with Montefiore Medical Center ["Vendors"]. If you are unsure of whether an entity is a Vendor of Montefiore, please call (718) 920-8239.

Approved clinical trials need not be listed unless other factors below and present. Also, leadership positions or other work done with not-for-profit professional or charitable organizations not affiliated with pharmaceutical or device manufacturers need not be disclosed. Please call (718) 920-8239 with questions concerning completion of the survey.

Name: _____ Department: _____
(Print)

Title: _____ Phone: _____

Relationships to be listed include, but are not limited to, the following:

A. Professional Services

1. Have you served as a consultant, or independent contractor to a Vendor(s) within the past two years? If yes, please describe each relationship and compensation.

Yes No

2. Have you held a title or position, such as medical director, board member, officer, director or principal to a Vendor(s), within the past two years?

Yes No

3. Have you received payment for speaking engagements from Vendor(s), within the past two years? If yes, please list total annual amounts for each entity paying.

Yes No

B. Ownership Interests

4. Do you have or potentially have an ownership interest, such as holding shares of stock, stock options or future interests, partnership or membership interests, or other securities in a Vendor(s)?

Yes No

5. Do you have or potentially have any intellectual property interests, such as patents or royalties, related to work done for or with a Vendor(s)?

Yes No

C. Other Compensation

6. Have you received compensation, such as paid trips, gifts over \$100, salary, referral fees, or honoraria from a Vendor(s) within the past two years? If yes, please list occurrences, state amounts received and entity paying.

Yes No

D. Other

7. As set forth in the Conflict of Interest Policy, please explain any other relationship not described above that you or your immediate family members had or have with a Vendor(s) within the past two years.

Yes No

8. As set forth in the Conflict of Interest Policy, do you have any other potential conflict of interest requiring disclosure?

Yes No

Signature

Date



I certify I have reviewed Administrative Policy and Procedure JH20.1, Conflicts of Interest, that I have been in compliance with it during the past two years and that the answers to the above questions are correct.