



Institutional Review Board
3800 Spruce Street First Floor Suite 151E
Philadelphia, PA 19104-6006
Phone: 215-573-2540
Institutional Review Board
(Federal wide Assurance # 00004028)

IRB Member Conflict of Interest and Confidentiality Agreement:

I have volunteered to serve as a member of the University of Pennsylvania Institutional Review Board. I am volunteering to serve solely for my own non-commercial, educational and academic or community service purposes.

Confidentiality

I understand and agree that information disclosed orally or in written form or discussed at the meeting may include confidential information that is proprietary to commercial entities sponsoring the proposed research and/or involves the privacy rights of individuals. I agree that I will not disclose or divulge in any manner any confidential or private information revealed at the meeting in any form or manner to any third party for any purposes whatsoever except as required by law. "Confidential or Private Information" as used in this Agreement shall not include:

1. Information or knowledge in my possession prior to disclosure at the IRB meeting, or from the University of Pennsylvania;
2. Information I am privy to as part of my institutional or external responsibilities that are distinct from my service as an IRB member;
3. Information that was rightfully obtained by me from a third party, who, I believe, is under no obligation of confidentiality to the University of Pennsylvania with respect to such information.

Conflict of Interest

IRB policy requires members or consultants who have a conflicting interest with a research protocol to disclose that information to the IRB Chair or IRB administrative staff prior to the review of the submission or participation in a vote regarding the submission. The objective is to eliminate conflicts, when possible, or effectively manage the conflicts if they cannot be eliminated.

To this end, the IRB Chair will formally ask the members at the beginning of each meeting whether any member has a conflict. Member responses will be recorded in the minutes. In order for a member to respond appropriately to this question, it is important that he/she have an understanding as to what may constitute a conflict.

Current IRB policy states the standard that should guide decisions about conflicting interests is whether an independent observer could reasonably question whether the individual's actions or decisions about a protocol could be based on factors, other than the rights, welfare and safety of the participants. This means that both actual and perceived conflicts should be reported. Potential sources of conflict that should be reported include, but are not limited to:

- IRB member or his/her immediate family member (spouse or dependent children) has a Significant Financial Interest (SFI) related to the sponsor or other financially interested company that would reasonably appear to be affected by the research. This would include:

receipt of payments that exceed \$5,000 within the past 12 months; having equity greater than \$5,000 in value for public companies and any equity in a private company; or any fiduciary role for the company (e.g., on the Board of Directors or as an officer). In addition, SFIs include a financial interest in intellectual property that is being tested, evaluated, developed in, or its commercial value could be affected by, the protocol being reviewed.

- IRB Member or his/her immediate family member is a member of the research team
- IRB Member's job status or compensation could be impacted by the review
- The Principal Investigator is the IRB member or his/her immediate family member's direct supervisor
- Any circumstance that may affect the objectivity of the IRB member
- Any circumstance in which a member is unsure whether a conflict exists

As a Member of the University of Pennsylvania Institutional Review Board, I certify that I will not participate in the deliberation and voting on any study submitted to the IRB in which I or my immediate family (defined above) has any financial interest as described above.

I agree to review the IRB agendas in advance of the meeting to identify any conflicts of interest and report any conflicts to the IRB administrator. I also agree to leave the room during the deliberation and vote on studies for which I have identified a conflict.

I agree not to discuss any study that I am participating in as an investigator, coordinator or any support position that might be expected to exert an influence over the design, conduct or reporting of the study results.

Acknowledged and Agreed:

Signature: _____

Printed Name: _____

Date: _____

Questionnaire

1. Please provide your preferred contact information.

I prefer the IRB support staff to contact me via the following for all IRB Membership related issues:

Office Phone: _____

Cellular Phone: _____

Email: _____

Other (e.g., assistant contact information): _____

2. Please detail your areas of scientific / clinical expertise (e.g., Hematology/Oncology; Infectious Diseases, Neurology):

3. In the interest of promoting diversity in our IRB membership, we are asking our members to disclose demographic information.
 - a. What is your gender?
 - Male
 - Female
 - Other
 - Prefer not to disclose
 - b. What is your ethnicity?
 - Hispanic or Latinx
 - Not Hispanic or Latinx
 - c. What is your race?
 - Native American / Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White
 - Other: