Conflict Management Plan Annual Report _____
(CMP number)

Annual Report Submission Date:

Financially-Interested Party:

Principal Investigator:

Project Title:

Sponsor:

1. ***All investigators must have a current Annual Disclosure on file!***

2. Please describe the departmental processes put in place to monitor and manage the following per the conflict management plan (state NA if not specified in the management plan):

   A. Human subjects protections- state what steps have been taken to comply with human subjects protection as stated in the management plan- *e.g., limitations on PI performing informed consent, disclosure during consent, limitations on subject recruiting.*
   B. Student, fellows and trainee advocacy- state what steps have been taken to provide advocacy for each of them involved in the project.
   C. Financial oversight- state what steps have been taken to comply with financial oversight as specified in the management plan.
   D. Data oversight- state what steps have been taken to provide review of data analysis or prevention of bias during data collection as stated in the management plan.
   E. Project Oversight- state what steps have been taken to provide oversight of the project- *e.g., blinded experimental conditions, adverse event review by oversight person.*

3. What changes, if any have occurred in the project since implementation of the management plan, e.g., participants, resources, space, research grants or contracts?

4. Provide a narrative description of any changes and/or activities that have occurred regarding the relationship between the sponsor(s) and the conflicted individual, e.g., licensing, intellectual property, participation on boards, consulting, speaking or other activities.

5. Since the implementation of the management plan, how many students, if any, have been involved in the research project or any research sponsored by the company. Briefly, name the trainees, describe the role of trainees in the project, name the trainee advocate, and state what contact the trainee and advocate had to establish a relationship of confidence. State whether or not

students have been assured academic freedom in writing and publishing the results of their research without limitation.

6. Attach any memos or reports from faculty appointed for oversight, *e.g.- trainee advocate, data analysis oversight, project oversight, etc.*

7. Special Circumstances: state how steps have been taken to ensure that any special circumstances named in the management plan have been followed and include any documentation from oversight appointees named.

8. Please attach the following:

   A. A copy of the current Informed Consent (must have current approval unless the study is officially closed by the IRB.)

   B. A copy of related publications from the past year and a copy of related presentation slides from the past year (only need the title slide and the financial interest disclosure slide).

PLEASE COMPLETE THE FOLLOWING SIGNATURE PAGE LIKE THE ORIGINAL MANAGEMENT PLAN SIGNATURE PAGE, INCORPORATING ANY CHANGES IN PARTICIPANTS THAT MAY BE NOTED IN THE NARRATIVE ABOVE.

SIGNATURE PAGE

Current management plan participants

Role	Name	Signature	Date

Department/Section Approval*

_____
(Department Chair, or designee identified per the plan)

_____
(Title, Department)

Date:_____

Conflict of Interest Review Committee approval

_____
(Committee Chair)

Date:_____

Institutional Approval

_____
(Dean of the School of Medicine, or designee)

Date:_____