

EXHIBIT 2
FINANCIAL CONFLICT OF INTEREST MANAGEMENT PLAN

1. Research Project Title: _____

2. Research Project Number: _____

3. Name of Conflicted Investigator: _____

4. Role of Conflicted Investigator

- Project Director
- Principal Investigator
- Co-Investigator
- Key Personnel
- Consultant
- Other: _____

5. Duties of Conflicted Investigator in the Research (*Check all that apply.*)

- Design
- Conduct
- Reporting

6. Name of External Entity: _____

7. Nature of the Significant Financial Interest

- Compensation (Aggregate annual compensation with a value of \$5,000 or more)
- Equity interest in a Publicly-Traded Company (Ownership that has a value of \$5,000 or more)
- Equity Interest in Privately-Held Company (Any ownership)
- Intellectual Property (Royalties not paid by the discloser's institution)
- Travel
- Other: _____

8. Relationship of the Significant Financial Interest to the Research Project

- External Entity's product(s) or service(s) is or may be utilized, tested, evaluated, or otherwise in any Research.
- External Entity does/will license intellectual property utilized, tested, evaluated or otherwise in any Research.
- Investigator's institutional responsibilities may involve or require interacting with the External Entity.
- Other: _____

9. Conflict Management Mechanisms (*Check all that apply.*)

- Public disclosure of the Financial Conflict of Interest
- Disclosure of the Financial Conflict of Interest directly to Research participants
- Appointment of an independent monitor to oversee the Research
- Modification of the Research plan
- Change of personnel or personnel responsibilities (including disqualification of personnel from participation in a portion of the Research)
- Reduction or elimination of the Significant Financial Interest
- Severance of the relationship that creates the Significant Financial Interest
- Additional training for conflicted Investigator regarding Financial Conflicts of Interest
- Other: _____

10. Written Description of the Management Plan (*Required.*)

Acknowledgment

By signing below, the Principal Investigator and the conflicted Investigator attest that:

1. He/She agrees to comply with the management mechanisms described herein.
2. The information presented in this document is true, accurate, and correct to the best of his/her knowledge.
3. He/She will notify the Institution within **thirty (30) days** of the discovery or acquisition of any new significant financial relationships or changes to existing relationships.
4. He/She will cooperate with the Institution to update the management plan annually, as applicable.

Principal Investigator

Date

Conflicted Investigator

Date

Administrative Review

By signing below, the Institutional Official acknowledges that:

1. He/She has read and agrees to monitor the management mechanisms described herein.
2. The management mechanisms described herein are sufficient means to manage or eliminate the Financial Conflict of Interest described in the above-named Research.

Institutional Official

Date