

# GYNECOLOGIC ONCOLOGY GROUP

## Conflict of Interest Disclosure Form

I, \_\_\_\_\_  
am associated with the Gynecologic Oncology Group in the following capacity (**Check all that apply**):

- Employee
- Committee Chair or Member
- Investigator
- Study Chair (or Co-Chair)
- Speaker
- Other: \_\_\_\_\_

**Definition of Conflict of Interest:** Conflict of interest means a situation in which an employee or investigator has significant financial interest or other personal involvement that may compromise, or have the appearance of compromising, his or her professional judgment or integrity in designing, conducting, or reporting research.

**The following specific interests must be declared in writing:**

**A. Financial Interests that exceed \$10,000:** The GOG must be informed whenever an individual or any member of his/her immediate family (defined as spouse or dependent child) has significant investment in, or has received payment during the preceding year from any one particular company or business, that exceeds \$10,000 in the aggregate. All such financial disclosures must include:

1. Name of company, business, or organization
2. Description of investment or payments from the entity
3. Name of individual with the financial interest
4. Amount of investment or income

**B. Official Positions in non-GOG organizations:** All official positions in non-GOG organizations involved in developing, producing and/or distributing products that may be used in the course of conducting research protocols performed by the GOG must be disclosed. The disclosure must include:

1. Name of organization
2. Description of position held
3. Name of individual holding position

**I have read the Conflict of Interest Policy of the Gynecologic Oncology Group, and I am making the following declaration concerning any possible conflict of interest that I may have with respect to my Gynecologic Oncology Group activities (check one):**

**I have no conflict of interest under the policy of the Gynecologic Oncology Group**

**or**

**I have a possible conflict of interest as follows:**

*On the attached page(s) list any position in a non-GOG organization, as described above, or significant financial interest, as defined in the GOG Conflict of Interest Policy. This includes any claims under patent or other intellectual property rights, dividend income, royalties, and some types of compensation from a for-profit entity.*

Date

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Signature

Please Print Name

Institution

**GOG Institution #**

PLEASE RETURN TO:  
Gynecologic Oncology Group  
Administrative Office  
1600 JFK Boulevard, Suite 1020  
Philadelphia, PA 19103  
Fax: 215-854-0716

## Declaration of Potential Conflict of Interest, Gynecologic Oncology Group

### A. Financial Interests that exceed \$10,000:

Name of Company, Business, or Organization	
Description of Investment or Income:	
Amount (check appropriate level):	<input type="checkbox"/> \$10,000-\$25,000 <input type="checkbox"/> \$25,000-\$50,000 <input type="checkbox"/> greater than \$50,000
Individual(s) with interest:	
Comments:	

Name of Company, Business, or Organization:	
Description of Investment or Income:	
Amount (check appropriate level):	<input type="checkbox"/> \$10,000-\$25,000 <input type="checkbox"/> \$25,000-\$50,000 <input type="checkbox"/> greater than \$50,000
Individual(s) with interest:	
Comments:	

Name of Company, Business, or Organization:	
Description of Investment or Income:	
Amount (check appropriate level):	<input type="checkbox"/> \$10,000-\$25,000 <input type="checkbox"/> 25,000-\$50,000 <input type="checkbox"/> greater than \$50,000
Individual(s) with interest:	
Comments:	

Date

\_\_\_\_\_  
Signature

Please Print Name

## Declaration of Potential Conflict of Interest, Gynecologic Oncology Group

### B. Official Positions in non-GOG organizations.

Name of Organization:

Description of Position Held:

Position Held By:

Comments:

Name of Organization:

Description of Position Held:

Position Held By:

Comments:

Name of Organization:

Description of Position Held:

Position Held By:

Comments:

Date

\_\_\_\_\_  
Signature

Please Print Name