

# Financial Interests Disclosure Form for IHA Investigators

You are being asked to complete this disclosure because you have been identified as an *Investigator*, an individual who is responsible for the design, conduct, or reporting of a research project. Please provide complete typed responses to the requested information below.

## I. Investigator Contact Information

Icelandic Heart Association  
Holtasmari 1, 201 Kopavogi, Iceland  
Office Telephone: +354 5351800  
Email Address: v.gudnason@hjarta.is  
Employer Name:  
Employer Address:  
Title or position:

**II. Financial Interests Questions (italicized terms are defined on Page 5)** Below, you will be asked several questions intended to identify *Financial Interests* and relationships that may be relevant to the research projects. These may include *Intellectual Property Interests (IP Interests)*, as well as relationships with entities whose interests may affect/be affected by this research. You should also consider companies that compete commercially with the research sponsor or the manufacturer of the study drug, device or other investigational item if you know that the competitor's Financial Interests would reasonably appear to be affected by this research.

In relation to the research projects, for the past 12 months, do you or your *Family Member* (your spouse, domestic partner, or dependents) have or anticipate having any of the following Financial Interests:

- 1) Any *activities or relationships* with an entity, whether paid or unpaid, where that entity's financial interests could be affected by this research? Examples include service on a board of directors, service on a scientific advisory board, consultant, officer, manager, or partner.

Yes

No

If yes, please identify –

Entity Name	Compensation amount in past 12 months (if applicable)

## Financial Interests Disclosure Form for IHA Investigators

- 2) An *Equity Interest* in any publicly traded or privately owned entity whose financial interests could be affected by this research, including but not limited to shares of stock or stock options? DO NOT include equity held in a mutual, pension, or investment fund over which you have no control with regard to investment decisions.

Yes

No

If yes, please identify –

Entity Name	Publicly Traded or Privately Owned?	Type of Equity (Stock, Stock Option, Other)	If Stock:		If Options, Estimated # held
			% Equity Owned	Estimated Amount	

- 3) An inventorship or ownership interest in any *Intellectual Property (IP)* that is being tested, evaluated, developed in, or its commercial value will be affected by, this research? This includes IP that is the subject of a copyright, issued patent or a patent application (regardless of whether it has been licensed or optioned).

Yes

No

If yes, please provide –

Description of IP	Entity that owns IP	Licensed/ Optioned?	\$ Amount royalties or compensation w/in past 12 months
		(Y/N) If yes, name of entity	

- 4) Any payments received for the past 12 months (apart from any payments from IHA and University of Iceland), including salary, honoraria, fees, or other forms of compensation or anything of value, from any entity that has a financial interest in this research?

Yes

No

If yes, please identify for each entity –

Entity Name	Type of activity	Ongoing? (Y/N)	\$ Amount w/in past 12 months

## Financial Interests Disclosure Form for IHA Investigators

- 5) Provide additional information, if applicable, for any entities identified in questions 1-4 above. **If you have not identified any entities above, please skip to the Certification Section on page 4.**

**Does the entity:**

- a. Manufacture or distribute a drug, device or other product being studied in this research?

Name of entity	How is the entity related to this research?

- b. Manufacture or distribute a directly competitive drug, device or other product, if you have actual knowledge that the competing company's interests could be affected by the research?

Name of entity	How is the entity related to this research?

- c. Receive or provide materials or data used or generated in this research, or have a collaborative role related to this research?

Name of entity	How is the entity related to this research?

- d. Have some other relationship with this research?

Name of entity	How is the entity related to this research?

- 6) To the best of your knowledge, will you acknowledge or give attribution to any of the entities identified in questions 1-4 above in any publication or presentation that arises out of this research, other than as a mandatory financial disclosure required by journals or professional organizations?

Yes

No

If yes, please identify –

Name of entity/entities:

- 7) For any of the entities identified in questions 1-4 above, please list reimbursed travel or travel that was paid on your behalf and not reimbursed to you related to your professional responsibilities. You are required to disclose all travel cost within the past 12 months. **DO NOT** list travel that was paid or reimbursed by your employer, IHA or University of Iceland in connection with this research, by government agencies, or US institutions of higher education, or

## Financial Interests Disclosure Form for IHA Investigators

affiliated teaching hospitals, medical centers, or research institutes. If you need additional space, please attach a separate sheet.

Travel sponsor	Travel purpose	Travel destination	# of Trips	Total # days

I have no reimbursed or sponsored travel to report

### III: Additional Information

Reporting for:

Self

Family Member

Name:

Relationship:

Are there any additional details about your or your Family Member's *Financial Interests* that may assist in the review of this Financial Interests Disclosure?

Yes

No

If yes, please describe:

### IV: Certification

I have read and understand the IHA Policy on Conflicts of Interest Related to Research, effective February 2, 2021 at: <http://hjarta.is>

By submitting this information, I certify that the above information is complete and true to the best of my knowledge. I acknowledge that should my financial interests, or those of my Family Members, change in a way that results in different answers to any of the questions asked in this disclosure, I will submit updated information. If required, I will comply with any conditions or restrictions imposed by IHA.

Signature: \_\_\_\_\_ Date:

If you have any questions regarding completion of this form or our FCOI policy, please email: [berglind@hjarta.is](mailto:berglind@hjarta.is)

# Financial Interests Disclosure Form for IHA Investigators

## Definitions

**Equity Interest.** Ownership interests or securities, including but not limited to shares of stock or securities; stock options; warrants or any other rights to purchase stock or securities; debt instruments; partnership interests in a general or limited partnership; or membership interests in a limited liability company.

**Family Member.** An Investigator's spouse, domestic partner or dependent child.

**Activities or Relationships.** Membership on the governing board of an entity, including service on its board of directors, service on a scientific advisory board, consultant, or having a position of authority or responsibility to act in the best interest of the entity, including being an officer, manager, or partner.

**Financial Interest.** Anything of monetary value, whether or not the value is readily ascertainable, including but not limited to, any ownership, equity or investment interests, compensation arrangements, intellectual property rights and fiduciary responsibilities.

**Intellectual Property Interest (IP Interest).** A property or other financial interest in the product including, but not limited to, a patent or patent portfolio, trademark, copyright or licensing agreement, contract rights, or the right to receive compensation in connection with the development or sale of the product. IP Interest does not include authorship of a work or inventorship of a patent where the author or inventor has no right to receive compensation in connection with the use or exploitation of the work or patent.