



CONFLICT OF INTEREST RESPONSE FORM

In accordance with ACRIN policy, you serve in a role which requires you to complete this response form. Do you or any immediate family member have **either** a relationship or financial interest in excess of \$10,000 with any business, organization or other activity that may conflict or appear to conflict with your duties, responsibilities or exercise of independent judgment in any transaction or matter involving ACRIN?

YES_____ NO_____

If you answered "YES" please describe the nature of the relationship or financial interest in excess of \$10,000 for any activity, investment or compensation you received for a single activity.

A conflict does not necessarily imply that an individual is ineligible to serve in the assigned role. A conflict may, however, limit participation on specific activities.* Financial conflicts of interest over \$10,000 must be reported to the NCI. During the course of your participation on ACRIN activities any change in your status that would constitute a conflict or potential conflict must be reported to the ACRIN Administrator or ACRIN Chair.

ACKNOWLEDGMENT

I acknowledge that I have read and understand the above requirements for reporting any potential or actual conflicts of interest during my tenure with ACRIN.

Name: _____
(Print) (Signature)

Date: _____

Please return to:

ACRIN Administration

1818 Market Street

Suite 1600

Philadelphia, PA 19103

Phone: (215) 574-3183 Fax: (215) 717-0936

*This information is taken from the ACRIN Policy on Conflict of Interest. The full text of the policy is found on the ACRIN web site at www.acrin.org.