

GRADUATE SCHOOL OF MEDICINE

## Institutional Review Board CONFLICT OF INTEREST STATEMENT AND CONFIDENTIALITY AGREEMENT

The undersigned agrees to use the materials provided by investigators only for the purpose of IRB review and to treat them in confidence except to the extent that disclosure is required by the Tennessee Public Records Act, Tenn. Code Ann. 10-7-503 or the information is available to the general public without restriction as to its use from any source, including the Principal Investigator. Further, the reviewer shall be required to agree to comply with any notice or restrictions placed on the review materials. Upon completion of the review, the reviewer shall return all copies of the package to the IRB Administrator or otherwise dispose of the materials as instructed.

## CONFLICT OF INTEREST

By signing below, the undersigned asserts that he/she has no affiliation, personal, or financial connection with the institution or the person submitting protocol(s) for review by the IRB which creates a conflict of interest, as defined by the current UT Conflict of Interest policy. If the undersigned has a potential conflict of interest, they may provide information to the IRB and will abstain from voting on the item before the Board.

## CONFIDENTIALITY OF THE PROTOCOL AND OTHER DOCUMENTS

All materials submitted for review by the IRB are confidential communications prepared for use only by reviewers and should not be shown to or discussed with other individuals. Reviewers must not independently solicit opinions or reviews on particular protocols or parts of protocols without prior notification to the IRB Administrator or other designated individual. Under no circumstances should reviewers advise investigators, their organizations, or anyone else of recommendations or review proceedings.

The IRB receives protocol packages in confidence and is responsible for protecting the confidentiality of their contents. For this reason, please do not copy, quote, or otherwise use material from this package. If you believe that a colleague can make a substantial contribution to the review, please provide the colleague's name, address and telephone number to the IRB Administrator.

It is the IRB's policy that reviewers' verbatim comments will not be disclosed to persons other than Board members, however, verbatim copies without the name and affiliation of the reviewer(s) or abstracts of the review may be sent to the corresponding principal investigator(s).

I have read the foregoing IRB Confidentiality Agreement and Conflict of Interest statement. My signature indicates my willingness to abide by the terms of that agreement.

(Signature)

(Printed Name)

(Date)