



## CONFLICTS OF INTEREST FORM

**Instructions:** Please indicate any actual or apparent financial or other business conflicts of interest you (or your spouse, partner, minor children or someone with whom income is directly shared) have. Disclosures must be made when an actual or apparent conflict exists that directly relates to the relationship you have with IES (e.g., grant investigator) and that has the potential to affect your judgment or impartiality with regard to your participation in decision-making activities.

No conflicts to declare.

Conflicts to declare:

	Entity/Person	Nature of Conflict
<i>Financial</i>	_____	_____
	_____	_____
	_____	_____
<i>Business Relationship</i>	_____	_____
	_____	_____
	_____	_____

**Acknowledgment:** By completing this form and signing below, I verify that I have read the IES Financial Conflicts of Interest Policy and understand and support its intent. Further, I agree to abide by all of its provisions and verify that the information reported above is true and accurate. I also agree to update the information disclosed whenever necessary to report new conflicts.

**Training Acknowledgement:** By completing this form and signing below, I verify that I will complete FCOI training via my institution as follows: (1) Prior to engaging in research related to any PHS-funded grant; (2) At least every 4 years; and (3) Immediately, if: Institution revises its FCOI policy that affects requirements of Investigators; An Investigator is new to an Institution; or An Investigator is not in compliance with the policy or management plan.

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Please sign and return form by mail or email to the IES Office at the following address:**  
 International Eosinophil Society (IES)  
 555 East Wells Street, Suite 1100, Milwaukee, WI 53202  
 Email: [kkomassa@eosinophil-society.org](mailto:kkomassa@eosinophil-society.org)