

## **Intestinal Stem Cell Consortium (ISCC) Confidentiality Agreement**

***This form must be signed by all Intestinal Stem Cell Consortium (ISCC) key personnel and collaborators who may have access to any confidential and/or proprietary information related to any ISCC study.***

The undersigned is a participant in the ISCC and understands and agrees that:

- in the course of the design, development, conduct, and analysis of ISCC studies, improper use of confidential and/or proprietary information could damage an institution, a business, and/or the goals of the ISCC; and
- all information related to the ISCC, whether distributed electronically or on paper, conveyed verbally, or as notes taken, is to be considered confidential and should not be disclosed to any other party. Notwithstanding the foregoing, the undersigned shall have no obligation of confidentiality or non-use with respect to any portion of information disclosed hereunder which:
  - i. is or later becomes available to the public by use, publication or the like;
  - ii. is obtained, without restriction, from a third party who had the legal right to disclose the same;
  - iii. the undersigned already possesses, as evidenced by his/her written records, predating receipt thereof from the ISCC;
  - iv. is independently developed by the undersigned as conclusively evidenced by written records; or
  - v. is required to be disclosed by law, a court or an administrative body of competent jurisdiction;
  - vi. each member or non-member collaborating investigator may disclose confidential information to its responsible employees who have a *bona fide* need to access that information, but only to the extent necessary to complete the employees' job responsibilities and only if said employees are advised of its confidential nature and agree to be bound by the terms of this statement.

The undersigned agrees:

- not to use or disclose any ISCC confidential or proprietary information to any third party for any purpose except as approved by the ISCC *Steering Committee*;
- to take all precautions to avoid the unauthorized disclosure or use of such confidential or proprietary information;
- to take all reasonable measures to protect the confidentiality of the information; and
- to notify the ISCC Coordinating Center in a timely manner of any misuse or unauthorized disclosure which comes to his/her attention.

Specifically for development of ancillary studies to the ISCC, the Steering Committee approves sharing of information derived from individual studies by the PI of those studies with prospective ancillary study PIs and collaborators. Investigators may not disclose information from other studies within the ISCC; such information should come from the respective collaborative PIs to be included in development of ancillary studies.

This confidentiality policy is not intended to apply to policies regarding the publication of scientific results which are determined by the ISCC Steering Committee.

<b>PERSONAL INFORMATION:</b>	
Name:	
Institution:	
Address:	
E-mail Address:	
Title/Role in Consortium	<input type="checkbox"/> Investigator <input type="checkbox"/> Staff Member <input type="checkbox"/> Other – specify _____

**I certify that I have read and agree with the above ISCC Confidentiality Agreement.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Intestinal Stem Cell Consortium (ISCC) Conflict of Interest Disclosure Form**

Please disclose below any involvement that you, your spouse, or your dependent children have in research projects, companies or other entities that have or might have interests in the ISCC, intestinal stem cell research, and/or treatment involving intestinal stem cells.

If you have no interests of any nature to disclose, please check here ( ) and sign below at the bottom of the page.

Please list the project titles and/or companies and indicate the combined level of financial interest of you, your spouse, and your dependent children using the following categories and codes.

**A.** No interest                      **B:** \$10,000 or less or 5% equity or less                      **C.** More than \$10,000 or more than 5% equity

<b>Company or Research Project</b>	<b>Stock Ownership or Equity</b>	<b>Employment, or Office or Directorship or Personal Compensation</b>	<b>Consulting or Advisory Arrangements</b>

<b>Unrestricted Grants/Contracts (if yes, provide Title)</b>	<b>Travel Grants (if yes, provide Title)</b>	<b>Intellectual Property Rights</b>	<b>Other Interest</b>

<b>Research Grant/Contracts (if yes, provide Title and Major Collaborators)</b>

<b>Other Stem Cell Related Projects/ Collaborations (funded or unfunded) (if yes, provide Titles and Major Collaborators)</b>

**Please also include the appropriate NIH Other Support page with the submission of this document.**

Notes: Personal compensation includes fees for presentations, honoraria, and consulting fees and does not include reimbursement for expenses.

- Travel grants include industry-sponsored travel grants to educational symposia and do not include expenses reimbursed for consulting or speaking engagements.
- Intellectual property rights are considered to include patents, royalties, and licensing fees.

Do you and/or your spouse and/or your dependents have financial holdings or other interests (whether financial or non-financial), activities, or gifts, other than any mentioned above, that you consider to be a potential conflict of interest?

( ) No ( ) Yes, specify:

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Type or Print Investigator Name

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Signature

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Date Signed