

**MANAGEMENT PLAN FOR HUMAN SUBJECTS RESEARCH:
OVERSIGHT OF CONFLICTS OF INTEREST /COMMITMENT**

This Management Plan is by and between the University of South Alabama, through the College or Unit and the University Employee. This form should be submitted with the "Review by Chair or Immediate Supervisor" form.

EMPLOYEE

_____	_____	_____
Name	Phone	Email

IRB Project Title: _____

Describe nature of the conflict:

POTENTIAL CONFLICT(S)

<input type="checkbox"/>	Financial Conflict of Interest that could compromise objectivity
<input type="checkbox"/>	Consulting fees/other income
<input type="checkbox"/>	Management of research direction and results
<input type="checkbox"/>	Management of staff, trainees and /or faculty
<input type="checkbox"/>	Board of director service (fiduciary obligations to company)
<input type="checkbox"/>	Equity (stock, options)
<input type="checkbox"/>	Employee has financial interest in the external entity which contracts directly or indirectly via subcontracts with the university
<input type="checkbox"/>	Conflict of Commitment that could impact university employment responsibilities
	Other: _____

ACTIONS TO MANAGE, REDUCE, OR ELIMINATE POTENTIAL CONFLICTS

<input type="checkbox"/>	Public disclosure of financial interest (i.e., publications/presentations)
<input type="checkbox"/>	Disclosure in consent form
<input type="checkbox"/>	Employee agrees to serve as co-PI only. The PI shall be: _____
<input type="checkbox"/>	Employee remains as PI with his/her dept head/supervisor retaining fiduciary oversight for the contract
<input type="checkbox"/>	Employee will not be involved in the recruitment of volunteer subjects, nor administer the informed consent
<input type="checkbox"/>	Employee will not participate in data and safety monitoring activities.
<input type="checkbox"/>	Monitoring of instruction, research or service by independent reviewer(s) : _____
<input type="checkbox"/>	Employee will not engage in the recording of research data
<input type="checkbox"/>	Disclose interest regarding conflicts to staff, trainees and/or faculty who work on project
<input type="checkbox"/>	Disclosure in informed consent forms and to human subjects who are participating in clinical trials
<input type="checkbox"/>	Escrow or divestiture of financial interests
<input type="checkbox"/>	Severance of the relationship with the Business Entity
<input type="checkbox"/>	Disqualification from participation in an activity that would be affected by financial interests
	Other: _____

EXPLANATIONS

Please further explain the chosen oversight mechanism(s) which are intended to address the potential conflict(s).

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ACKNOWLEDGEMENT

I agree to comply with the Management Plan in order to manage, reduce or eliminate the disclosed conflict(s).

Employee

Date

REVIEW/APPROVALS

The department chair/supervisor, and if warranted, in consultation with the College Dean, approve for the mitigation of potential conflicts of interest / commitment.

Dept Chair/Supervisor

Date

College Dean (if warranted)

Date

RETURN FORM TO:

*Dusty Layton
Office of Research Compliance and Assurance
AD 240, dlayton@southalabama.edu*

***The Employee must modify this plan in the event
circumstances change that would either alter the potential
conflict or the action plan.***