

**Research Institute Disclosure of Relevant Financial Relationships of Small Grant Submissions**

Evidence Based Proposal

The National Association of Neonatal Nurses expects that practices regarding the application of scientific integrity, balance, and the absence of bias be the cornerstone of all education, research, and publications- any material meant to support the research of or patient care in neonatal care. All those submitting an abstract for the Research Institute Small Grants Program are required to disclose ***relevant financial relationships***. *An individual has a relevant financial relationship if he or she and/or their spouse has a financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services may be discussed or presented in their research project* The intent to discuss off-label drug or product uses must also be disclosed.

Relevant financial relationships and off-label discussion will be disclosed to the activity audience.

**Grant Submission Title:**

**Name of Researcher:**

**First**, list the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months.

**Second**, describe what you or your spouse/partner received (ex: salary, honorarium etc). NANN does NOT want to know how much you received.

**Third**, describe your role.

Please note: Disclosure information is a requirement for consideration of the grant application.

Please complete the following:

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| --- | --- | --- | --- | --- | --- |
| **Commercial Interest** | | | **Nature of Relevant Financial Relationship**  **(Include all those that apply)** | | |
| **What was received** | | **For What Role?** |
| *Example: Company ‘X’* | | | *Honorarium* | | *Speaker* |
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|  | | |  | |  |
|  | **I do not have any relevant financial relationships with any commercial interests.** | | | | |
| Is off label use of a drug or product addressed in this research or EBP? | | □ Yes □ No  If “Yes,” you must make this known in your grant submission and research findings. | |
|  | |  | |

**Signature: Date:**