

Declaration of Conflict of Interest, Financial Disclosure

This form must be filled out by each investigator, sub-investigator and study coordinator to declare any Conflict of Interest. Investigators are responsible for distributing copies of this form as required and for submitting all completed, signed forms to the principal investigator.

Center Identification	
Name of Signatory	
Duties for the Study	Investigator
Sponsor	Medizinische Fakultät des Universitätsklinikums Heidelberg
Coordinating Investigator	Prof. Dr. med. Uta Meyding-Lamadé
Funded by	DLR – BMBF Förderkennzeichen 01KG0405
Study Title	GACHE: German Trial of Acyclovir and Corticosteroids in Herpes Simplex Encephalitis
Study Short Name	GACHE
EudraCT-Number	2005-003201-81

Instructions: Please read each of the statements below and mark the appropriate column to the right of the statement, indicating whether the statement is true or false. For statements you marked as being false, **provide the details**, which caused the statement(s) to be false, where indicated below. If additional space is required, you may use the back of this form. If any of the statements listed on this form change from true to false during the conduct of the clinical trial, a new form must be promptly completed and forwarded to the principal investigator.

For the purposes of this questionnaire, the term "I" includes your spouse and each dependent child.	True	False
I have not entered into any financial arrangement for the above-named clinical study, whereby the value of compensation paid to me could affect the outcome of the study. Compensation affected by the outcome of the listed clinical study is defined as: compensation that could be higher for a favourable outcome than for an unfavourable outcome, such as compensation that is explicitly greater for favourable result or compensation in the form of an equity interest in the pharmaceutical manufacturer or any commercial organisation being involved in the listed study or in the form of compensation tied to sales of the listed products, such as royalty interest.	<input type="checkbox"/>	<input type="checkbox"/>
I do not hold a significant equity interest in the pharmaceutical manufacturer or any commercial organisation being involved in the listed study. A significant equity interest is defined as: any ownership interest, stock options, or other financial interest whose value cannot be readily determined through reference to public prices (generally, interests in a non-publicly traded corporation), or other equity interest in a publicly traded corporation that exceeds € 50,000 during the time I am working for the study.	<input type="checkbox"/>	<input type="checkbox"/>
I do not have any proprietary interest in the investigated products. A proprietary interest in the products is defined as property or other financial interest including, but not limited to a patent, trademark, copyright or licensing agreement.	<input type="checkbox"/>	<input type="checkbox"/>
Neither I or my affiliated institution(s) have or will receive any significant payments of other sorts from the pharmaceutical manufacturer of study products or any commercial organisation. A significant payment of other sorts is defined as payments made by the funding organisation to support activities of the investigator that have monetary value of more than € 25,000, exclusive of the costs of conducting the clinical study or other clinical studies, (e.g. a grant to fund ongoing research, compensation in the form of equipment or retainers for ongoing consultation or honoraria) during the time the clinical investigator is working for the study.	<input type="checkbox"/>	<input type="checkbox"/>

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Describe condition(s) for answering "False" to any or all of the statements listed above:

I certify that the foregoing responses are complete and accurate. I acknowledge that this information will be provided to the coordinating investigator of the study identified above. I agree to promptly provide an update to this information if any relevant changes occurring during the course of the study.

Place, Date

Signature

Blockletters