**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.

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**EMPLOYEE**

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<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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IRB Project Title: _____

**Describe nature of the conflict:**

**POTENTIAL CONFLICT(S)**

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

**ACTIONS TO MANAGE, REDUCE, OR ELIMINATE POTENTIAL CONFLICTS**

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

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

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<th>Employee</th>
<th>Date</th>
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**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.

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<th>Dept Chair/Supervisor</th>
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<tr>
<th>College Dean (if warranted)</th>
<th>Date</th>
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</thead>
</table>

**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.