1 PURPOSE
1.1 This guidance establishes the process to identify institutional financial interests that may cause an institutional conflict of interest.
1.2 The guidance begins when Sharp HealthCare (SHC) Institutional Official or designee is informed of a change in the institution's financial holdings outside of standard investments.
1.3 The guidance ends when the SHC Institutional Review Board (IRB) staff is provided an updated list of the institution’s financial holdings.

2 REVISIONS FROM PREVIOUS VERSION
2.1 None.

3 POLICY STATEMENT
3.1 An institutional financial conflict of interests exists when any of the following might affect the design, conduct, or reporting of research:
   3.1.1 Licensing (e.g., licensing or technology transfer agreements)
   3.1.2 Investments
   3.1.3 Patents
   3.1.4 Gifts
   3.1.5 Financial interests of senior administrative officials
   3.1.6 Other financial interests.
3.2 The vice president of corporate compliance or designee is to be notified of any change in the institution's financial holdings not controlled by the institution's investment managers related to:
   3.2.1 Licensing (e.g., licensing or technology transfer agreements)
   3.2.2 Investments
   3.2.3 Patents
   3.2.4 Gifts
   3.2.5 Financial interests of senior administrative officials
   3.2.6 Other financial interests.
3.3 The fiduciary responsibility of the institution’s investment managers is to maintain a diversified portfolio of holdings that meets the institution’s goals in terms of capital appreciation, income, and risk. Institutional officials may not influence the decisions of the institution’s investment managers. This institution considers such investments to be similar to diversified mutual funds and not subject to disclosure under this policy.
3.4 The evaluation and management of an institutional conflict of interest may not vary by funding or regulatory oversight.

4 RESPONSIBILITIES
4.1 The vice president of corporate compliance or designee carries out these responsibilities.

5 PROCEDURE
5.1 Upon receipt of information of a change in financial interest, update the list of investments that are not controlled by the institution’s investment managers. Include information about the name of the company, the names of related companies, and affected products or services.
5.2 Provide a copy of the updated list to the IRB staff.
5.3 The IRB staff shall forward the updated list to the vice President (VP) of Corporate Compliance (CC) or designee for review.
5.4 The VP of CC or designee, in consultation with elected SHC Conflict of Interest Committee and/or Medical Staff leadership, will evaluate each change disclosed by the institution to determine whether there is an actual or potential conflict of interest (COI).
5.5 CC will advise the IRB staff with the outcome of the review.
GUIDANCE: Institutional Conflicts of Interest

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<th>NUMBER</th>
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<td>10/1/2014</td>
<td>Center For Research</td>
<td>Institutional Official</td>
<td>Vice President of Corporate Compliance</td>
<td>Required: X</td>
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5.5.1 If the change reported does not present a COI, no further action is required.

5.5.2 If the change does present an actual or potential COI, CC will recommend a managing or resolving course of action. The course of action may include one or more of the following actions or restrictions, but not limited to:

5.5.2.1 For projects involving human subjects, disclosure of interest directly to participants;

5.5.2.2 Appointment of an independent monitor;

5.5.2.3 Severance of relationship that creates a financial conflict;

5.5.2.4 Modification of the research plan (e.g., require the consent be obtained by personnel with no financial interest or relationship to the institution);

5.5.2.5 Recusal from all SHC negotiations or business dealings with the institution’s and/or its related companies.

6 MATERIALS
6.1 None.

7 REFERENCES
7.1 None.

This document is available on www.sharp.com/research, IRBANA or by contacting research@sharp.com.