

Conflict of Interest Disclosure Form – Newborn Screening Condition Nomination

This form should be used to indicate a conflict of interest that may exist when the nominator(s) has an economic interest in, or acts as an officer or a director of, any entity whose financial interests would reasonably appear to be benefitted by the addition of the nominated condition to the Minnesota newborn screening panel. The nominator(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest.

Note: A conflict of interest exists if a nominator(s) has a relationship, affiliation, or other interest that would directly benefit the nominator, financially or otherwise, based on the outcome of the nomination.

Please indicate whether or not circumstances are present that create or contribute to a conflict of interest:

I, my organization, or a family member have no conflict of interest(s) to report.

I, my organization, or a family member have the following conflict of interest(s) to report (specify below):

The disclosure of a conflict of interest does not automatically mean the condition being nominated to Minnesota's newborn screening panel will not be considered; rather, a disclosed conflict of interest warrants additional discussion between the Minnesota Department of Health and the nominator(s). The Minnesota Department of Health may refuse to accept a nomination from any person with a conflict of interest.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Printed name: _____

Signature: _____ Date: _____