

Flight Attendant Medical Research Institute, Inc.

INDIVIDUAL TOBACCO DISCLOSURE STATEMENT

Due date: September 11, 2009

Each individual listed on a proposal must sign a tobacco disclosure form. If these are not submitted the proposal will not be considered for funding: this includes PI, co-investigators, collaborators, mentors, and other members of the research team with the exception of the institutional official.

Assigned FAMRI proposal number: _____ (This will be automatically generated and sent to the PI's email address)

Instructions to each member of the research team:

Please list (attach additional sheets as necessary) any affiliations (paid or unpaid) you have or have had with the tobacco industry or its affiliates (see list of companies on the Web at www.famri.org). When this form has been completed, **please scan it and save it using the FAMRI number that was assigned upon submission followed by _TDS/Ind-1, _TDS/Ind_2, etc.** The completed form should then be e-mailed to famri@aibs.org

If you have any questions regarding completion of this form or your eligibility, please contact FAMRI's Executive Director, Elizabeth Kress, by phone: (305) 379-7007 or e-mail: ekress@famri.org

Yes, I have had previous affiliations (funding or other involvement) with one or more of the tobacco companies listed on the FAMRI Web site, www.famri.org. _____

No, I have not had affiliations with the tobacco companies listed on the FAMRI Web site, www.famri.org. _____

If "**Yes**" above, please list each affiliation, and adhere to the following format:

1. Name of tobacco company or affiliate
2. Dates and duration, purpose, and total amount of funding
3. Dates and description of other involvement, such as consultation, serving on review boards, etc.

Institution

Investigator's role in the proposal (PI, co-investigator, collaborator, mentor, etc.)

Investigator's Printed Name

Investigator's Signature

Date