

Flight Attendant Medical Research Institute, Inc.

INDIVIDUAL TOBACCO DISCLOSURE STATEMENT

for the Clinical Innovator Award 2007

Instructions to Principal Investigator, co-investigators, and other members 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). Please E-mail a pdf file of the completed, signed form to famri@aibs.org by September 4, 2007.

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

Title of FAMRI Proposal

Investigator's Printed Name

Investigator's Signature

Date