



CONFLICTING INTEREST: REQUEST FOR INFORMATION

Individuals may request information about conflicts of interest in federally-funded research projects that have been identified and managed at Kettering Health Network. To request the information, please provide a written request containing the following:

- The name of the project for which you are requesting information, if known. If the name is not known, please provide a description of the project;
- If applicable, the name of the individual about whom you are requesting information;
- Any other pertinent information about the project;
- Your name, mailing address, and zip code;
- A contact phone number or email address for questions about the request;
- Preferred method for receipt of response (postal mail or email).

Please mail the written request to:

Conflict of Interest Inquiry
Kettering Medical Center – 4NW
3535 Southern Boulevard
Kettering, Ohio 45429

Attn: Conflict of Interest Administrator

The information will be provided within five (5) days after receipt of the completed written request. The information that will be provided is:

- The researcher's name
- The researcher's title and role with respect to the project
- The name of the entity in which the conflicting financial interest is held
- The nature and approximate value of the interest. This will be provided as a dollar value range, or as a statement that the interest is such that the value cannot readily be determined through reference to public prices or other reasonable measures of fair market value.

Questions? Please contact the Conflict of Interest administrator at (937) 395-8309 or the Conflict of Interest Officer at (937) 558-3400.