

 The Shape of Stroke Prevention	Title:	Document No.
	Financial Disclosure Form	F-90
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Please complete (print/type) all of the information below and retain a copy of this form for your records. (Reference 21CFR Part 54)		
1. Study Name:		
2. Role: <input type="checkbox"/> Principal Investigator (PI) <input type="checkbox"/> Sub-investigator <input type="checkbox"/> Other: specify:		
3 Name (Print):		
4. Institution/Hospital Name and Address		
5. With respect to the clinical study for the product referenced above that I am conducting for Conformal Medical, Inc. ("Conformal") , I hereby certify to the truth and accuracy of the following statements in compliance with 21 CFR Part 54 with the understanding that I am certifying not only for myself, <u>but also for my spouse and for each dependent child of mine.</u>		
Indicate by marking YES or NO if any of the financial interests or arrangements of concern to the Food and Drug Administration (FDA) (as described below) apply.		
6. YES NO <input type="checkbox"/> <input type="checkbox"/>	I have entered into a financial arrangement with the Sponsor, such as bonus, royalty or other financial incentive whereby the outcome of the clinical study could affect my compensation (<i>i.e.</i> , compensation that could be higher for a favorable outcome than for an unfavorable outcome).	
7. YES NO <input type="checkbox"/> <input type="checkbox"/>	I have received significant payments having total value in excess of \$25,000 from the Sponsor other than payments for conducting this clinical study or other clinical studies. This is cumulative from the beginning of participation in a study to one year after completion. Examples of such significant payments, include, but are not limited to, grants or funding for ongoing research, compensation in the form of equipment, retainers for ongoing consultation and honoraria that are (A) paid directly to me or to the institution with which I am affiliated, and (B) paid in support of my activities (<i>i.e.</i> , payment paid directly or indirectly to me by Conformal.	
8. YES NO <input type="checkbox"/> <input type="checkbox"/>	I have a proprietary or financial interest (<i>i.e.</i> , patent, trademark, copyright, licensing agreement, <i>etc.</i>) in the product tested in this clinical study.	
9. YES NO <input type="checkbox"/> <input type="checkbox"/>	I have an equity interest (e.g. ownership interest, stock options) in Conformal, whose value cannot be readily determined through reference to public prices, or equity interest in a publicly held company that exceeds \$50,000 for this clinical study.	
10. For each YES above, you must provide detailed information disclosing the nature of the financial arrangement and steps taken (or will be taken) to minimize the potential bias of the clinical study results. (If additional space is needed, please attach to this document):		
This form shall apply throughout the entire term of the clinical study and for one year following completion of the clinical study. If there is any change in the accuracy of the foregoing statements during such time period, I hereby agree that I will promptly notify Conformal in writing of such change.		
11. Signature:		12. Date: