



CENTRO MEDICO DEL TURABO, INC
VENDOR CONFLICT OF INTEREST DISCLOSURE

Vendor Name: _____ **Vendor Specialty:** _____

Vendor Representative: _____ **Title:** _____

Vendor Email: _____ **Phone:** _____

The above named vendor/supplier hereby declares that they have not provided gifts, entertainment or other gratuities to any Centro Medico del Turabo, Inc. (CMT) employee, medical faculty member, students, volunteers and contractors.

The above named vendor/supplier further declares that it shall not affect the CMT's purchase decision making process by offering any of the services/items listed below to any CMT employee, medical faculty member, student, volunteer and/or contractor [list not all inclusive or all encompassing]:

HAVE YOU, AS A VENDOR/SUPPLIER OR REPRESENTATIVE, PROVIDED ONE OR MORE OF THE ITEMS LISTED BELOW IN THE PAST TO ANYONE WITHIN CMT? IF SO, PLEASE INDICATE YOUR ANSWER BELOW (CIRCLE ANSWER).

- | | | |
|-----------------------------------|-----|----|
| 1. Clinical Trials | Yes | No |
| 2. Discounts | Yes | No |
| 3. Education/Seminars/Conferences | Yes | No |
| 4. Gifts | Yes | No |
| 5. Honoraria | Yes | No |
| 6. Meals and Entertainment | Yes | No |
| 7. Outside Employment | Yes | No |

Initials: _____



Are any of the owners, investors or employees (full-time, part-time or contracted) of your company an employee (full-time, part-time or contracted) or medical faculty member of CMT? If so, please disclose the name of the employee or faculty member and the percentage of ownership or investment.

Are any of the owners, investors or employees (full-time, part-time or contracted) of your company an immediate family member of an employee (full-time, part-time or contracted) or medical faculty member of CMT? If so, please disclose the name of the employee or medical faculty's immediate family member and their relationship to the CMT employee or medical faculty member.

Are there additional disclosures of transactions and interest which may relate to an actual or perceived conflict of interest with the CMT? If yes, please provide details below.



The vendor's signature below and initials on each page indicates the following:

- 1) The information provided on this form is accurate;
- 2) The vendor understands that there is a continuous obligation to update the information on this form; and
- 3) The organization will continue to conduct its business with the CMT in accordance with the vendor disclosure rules included in the CMT Conflict of Interest and Code of Conduct Policies.

Signature: _____ **Date:** _____
Vendor/Supplier Owner or Designated Representative

Print Name and Title: _____

Note: Please initial each page

Initials: _____