

CLINICAL INVESTIGATOR FINANCIAL CERTIFICATION / DISCLOSURE

This form must be completed by each investigator to ensure compliance with 21 CFR Parts 54, 312, 314, 320, 330, 601, 807, 812, 814 and 860.

CANGENE CORPORATION Pharmaceutical Company (the "Sponsor") VZ-009 - Safety and Efficacy of Varicella Zoster Immune Globulin (Human) (VariZIG™) in Patients At-Risk of Varicella	VariZIG™ Investigational Product (the "Product")
Title of Study / Protocol # (the "Study")	

Name of Investigator / Subinvestigator (the "Investigator")	Site Identification or Number
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After reading each of the questions below, please mark the appropriate answer box to the right of the question.

***Note that the term "you" below also applies to your spouse and each dependent child**

QUESTION	YES	NO
1. Are you* a direct employee of the Sponsor on a part-time or full-time basis?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you* have any financial arrangement with the Sponsor whereby the value of compensation to the Investigator could be influenced by the outcome of the Study (e.g. higher compensation for a favourable outcome than for an unfavourable outcome whereby compensation may be in the form of monetary payment, equity interest in Sponsor, compensation tied to Product sales such as a royalty interest)?	<input type="checkbox"/>	<input type="checkbox"/>
3. In addition to the Sponsor's payment for the conduct of the Study, do you* or your institution receive other significant payments from the Sponsor (such as a grant to fund other on-going research, compensation in the form of equipment, retainer for consultation or honoraria) in support of your activities in an amount totalling more than US\$25,000.00 during the time you are carrying out the Study and for 1 year following the completion of the Study?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you* have any proprietary interest in the Product being tested in the Study (such as patent, trademark, copyright or license rights)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you* have any significant equity interest in the Sponsor of the Study (such as ownership, stock options or other financial interest whose value cannot be readily determined through reference to public prices) that has a monetary value of more than US\$50,000.00 during the time you are carrying out the Study and for 1 year following the completion of the Study?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered YES to any of the above questions, please elaborate on the dollar value(s) and nature of the arrangement(s) and describe any steps that are taken to minimize the potential for bias resulting from any of the disclosed arrangements, interests and/or payments: _____

Please append accurate documents to confirm such arrangement(s) and/or course(s) of action.

I certify that the foregoing responses and information are complete and accurate. I hereby acknowledge that this information will be provided to the Sponsor of the Study to allow it to prepare and submit to the FDA the clinical investigator financial interest certification and disclosure statements required under 21 CFR Part 54. I shall promptly provide the Sponsor any update to this information if any relevant changes occur in the course of the Study and for a period of one (1) year following the completion of the Study.

Name of Investigator [Please print]	Signature of Investigator	Date (YY.MM.DD)
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