

FORM #2:

Investigator Financial Conflict of Interest (FCOI) Disclosure Form (Required for NIH- and other PHS-funded Research)

Instructions

All Investigators, including the Principal Investigator, Co-Investigators, and any individual responsible for the design, conduct, or reporting of research funded by the Public Health Service (PHS), including NIH, must complete this form:

- **Prior to engaging** in NIH- or PHS-funded research,
- **Annually** during the award period, and
- **Within 30 days** of acquiring or discovering a new Significant Financial Interest (SFI).

The Investigator must determine the activities they perform on behalf of the Institution (e.g., the *applicant and/or recipient institution*). See the definition of “Institutional responsibilities” in the FCOI policy.

The Investigator must disclose all SFIs (including those of the Investigator’s spouse and dependent children) *that are related to the Investigator’s institutional responsibilities* per the categories and the dollar thresholds indicated within the definition of SFI and as provided below.

Investigators are **NOT** required to disclose these financial interests:

- Salary, royalties, or other remuneration paid by the Institution to the Investigator if the Investigator is currently employed or otherwise appointed by the College, including intellectual property rights assigned to the Institution and agreements to share in royalties related to such rights;
- Any ownership interest in the Institution held by the Investigator, if the Institution (recipient) is a commercial or for-profit organization;
- Income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles;
- Income from seminars, lectures, or teaching engagements sponsored by a federal, state, or local government agency *located in the United States, a United States* Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with *a United States* Institution of higher education; or

- Income from service on advisory committees or review panels for a federal, state, or local government agency *located in the United States, a United States* Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with *a United States* Institution of higher education.
- Reimbursed or sponsored travel received from a federal, state, or local government agency *located in the United States, a United States* Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with *a United States* Institution of higher education.

Please complete all sections. If additional space is needed, attach supplemental pages.

Section 1: Investigator Information

- Name: _____
- Title/Position: _____
- Department/Unit: _____
- Email: _____
- Phone: _____

Section 2: Project Information

- Grant/Project Title: _____
- Funding Agency (e.g., NIH): _____
- Principal Investigator (if not self): _____
- Role on Project: _____

Section 3: Significant Financial Interests (SFI)

To promote objectivity of Public Health Service (e.g., NIH) funded research and preserve the public's trust that the research supported by the PHS/NIH is conducted without bias and with the highest scientific and ethical standards, Investigators are required to disclose their "Significant Financial Interests" as described below. Disclose all domestic and foreign Significant Financial Interests (SFI) (including those of your spouse and dependent children) that are related to your institutional responsibilities (not your research) per the categories and dollar thresholds provided below:

- 1. SFIs RELATED TO A PUBLICLY TRADED ENTITY** – Disclose any *remuneration* received over the preceding 12 months and any *equity interest* held in a publicly traded entity as of the date of disclosure, that when aggregated, exceeds \$5,000.

As part of the disclosure, provide the following information for each entity in which an SFI is identified or indicate that No SFIs exist:

- The Value of SFI or indication that value cannot be readily determined: _____
- Entity Name as it appears on the entity's public website: _____
- Nature of the SFI (e.g., salary, consulting fees, honorarium, paid authorship, payment for services, equity interest, etc.): _____
- No SFI(s) exist under this category _____

- 2. SFI RELATED TO A NON-PUBLICLY TRADED ENTITY** – Disclose any *remuneration* received over the preceding 12 months that *exceeds \$5,000* and any *equity interest* held in a non-publicly traded entity as of the date of disclosure

As part of the disclosure, provide the following information for each entity in which an SFI is identified:

- The Value of SFI or indication that value cannot be readily determined: _____
- Entity Name as it appears on the entity's public website: _____
- Nature of the SFI (e.g., salary, consulting fees, honorarium, paid authorship, payment for services, equity interest, etc.): _____
- No SFI(s) exist under this category _____

- 3. SFI RELATED TO IP RIGHTS AND INTERESTS** – Disclose any income received regarding **intellectual property rights and interests** (e.g., patents, copyrights), upon the receipt of income *greater than \$5,000* over the preceding 12 months that is related to such rights and interests.

As part of the disclosure, provide the following information for each entity in which an SFI is identified:

- The Value of SFI or indication that value cannot be readily determined: _____
- Entity Name as it appears on the entity's public website: _____
- Nature of the SFI (e.g. royalties, licensing fees): _____
- No SFI(s) exist under this category _____

4. SFI RELATED TO REIMBURSED OR SPONSORED TRAVEL - Disclose any reimbursed or sponsored travel received from an entity that exceeds \$5,000 over the preceding 12 months that is related to your ***institutional responsibilities*** performed on behalf of the Institution

As part of the travel disclosure, provide the following information for each entity in which reimbursed or sponsored travel is identified:

- Value of the reimbursed or sponsored travel _____
- Purpose of the trip: _____
- Identity of the sponsor/organizer: _____
- Destination: _____
- Duration: _____
- No SFI(s) exist under this category _____

Although this is an institutional determination, in your opinion are any disclosed "Significant Financial Interests" identified above related to an NIH application that is expected to be awarded or an already funded NIH research award per the criteria below:

- *Could the SFI be affected by the NIH-funded research? YES_____ No_____*
- *Is the SFI in an entity whose financial interest could be affected by the NIH-funded research? Yes_____ No_____*

If yes, provide which SFI(s) you believe meet the criteria for relatedness to the NIH-funded research from what is disclosed above. The institution's designated official(s) will consider this information when making determinations of FCOI.

Section 4: Certification

I certify under penalty of perjury that this is a complete disclosure of all my significant financial interests related to my institutional responsibilities and I have used all reasonable diligence in preparing this Financial Interest Disclosure, and to the best of my knowledge it is true and complete. I also acknowledge that by signing my name below that it is my responsibility to disclose on an annual basis and within 30 days of discovering or acquiring any new significant financial interest obtained during the period of performance of a NIH-funded project.

Investigator Signature: _____ **Date:** _____

Section 5: Institutional Review (For Official Use Only)

- **Date Received:** _____
- **Reviewed by Designated Official:** ☐ Provost ☐ Provost's Designee ☐ CFO

_____ INITIAL DISCLOSURE _____ ANNUAL DISCLOSURE _____ NEW SFI DISCLOSURE

Definitions	
Remuneration	includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship).
Equity interest	includes any stock, stock options, or other ownership interest as determined through reference to public prices or other reasonable measures of market value.
Intellectual property rights and interests (e.g., patents, copyrights)	upon receipt of income related to such rights and interests (e.g., royalties) not from the recipient Institution.
Institutional Responsibilities	Activities an Investigator performs on behalf of the Institution that may include research, research consultation, research publication, teaching professional practice, institutional committee membership and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.

- **Determination:**

_____ No Financial Conflict of Interest Identified

_____ Financial Conflict of Interest Identified – Management Plan Required
- **Attach Management Plan (if applicable):**

Name of Designated Official: _____

Signature of Designated Official: _____

Date: _____