

Financial Conflict of Interest Disclosure Form

PROCEDURE

The College has a responsibility to manage, reduce, or eliminate any actual or potential conflicts of interest that may be presented by a financial interest of an investigator, who is seeking, or who has been awarded, research funded by the Public Health Service (PHS) and National Institutes of Health (NIH). In addition, Investigators must ensure that their outside obligations, financial interests, and activities do not conflict or interfere with their commitment to LC State (LC State Policy 1.113).

Prior to completing this the 'Financial Conflict of Interest Disclosure Form' it is recommended that the individual completing this form familiarize themselves with LC State Policy 1.113.

The 'Financial Conflict of Interest Disclosure Form' must be submitted to the LC State Office of Grants and Contracts (OGC):

- **Prior to the submission of a PHS/NIH sponsored proposal.**
- **Investigators new to the college must disclose significant financial interests prior to disbursement of federal funds.**
- **Subsequent to the initial disclosure, investigators must submit updates annually during the period of the award.**
- **If the Investigator acquires a significant financial interest during the course of the year between annual disclosures, the Investigator must report it to the OGC office within thirty (30) calendar days.**

The Principal Investigator (PI) (or Project Director [PD]) is responsible for completing the 'Financial Conflict of Interest Disclosure Form' and sending the 'Financial Conflict of Interest Disclosure Form' to the OGC.

Upon receipt of a 'Financial Conflict of Interest Disclosure Form' the OGC will perform an initial review of all disclosed significant financial interests to determine if a financial conflict of interest exists. The OGC may submit an 'Financial Conflict of Interest Disclosure Form' to the Conflict of Interest Management (CIM) Committee for review in complex cases. After a determination is made by the OGC that there may be a potential or actual financial conflict of interest, the OGC will collaborate with the CIM Committee and the investigator, to develop a management plan to address the financial conflict of interest.

INSTRUCTIONS



Download this form to your desktop **and** open the form in **ADOBE PDF** before starting. **This form will NOT work correctly in your web-browser.**



Make sure the 'Show border hover color for fields' in Adobe PDF is 'checked'. You will only need to complete this requirement if you have altered the default settings of Adobe PDF on your computer.

1 2 3

Please complete each question in the order it appears on this form. Some of the items on this form are dependent upon the answers to previous questions.



Mandatory fields and Mandatory Requirements on this form are highlighted in '**RED**'.



Use the '**GREY**' buttons to attach all required and / or additional documents to this form. **Each attachment should be easily identifiable by name and should be attached as a separate PDF (i.e., Do not combine all attachments into one PDF).**



Information icons have '**GREEN**' borders and '**BLUE**' circles.



Use the 'Save' icon to save the form as a fillable PDF file. **Please do not 'Print to PDF' or scan a hard copy of this form.**



Use a **Digital Id Signature** when signing this Form.



Click the '**YELLOW**' button to pause routing of this document, and identify any modifications that may be needed.



Click the '**GREEN**' button to send this document to the next reviewer.

CONFLICT OF INTEREST DATA

BASIC INFORMATION

1. Name:
2. Warrior ID:
3. LCSC e-mail:
4. OGC #:
5. Was Institutional Review Board (IRB) approval required for this project?
NO
YES: Please provide the IRB-approved protocol number for this project:
6. Type of Disclosure:
Initial/Annual
Updated

TRAINING REQUIREMENTS

7. Please identify if you have reviewed and understand the [LC State Policy 1.113 – Financial Conflict of Interest](#):
NO
YES
8. Please identify if you have completed the National Institutes of Health (NIH) [Financial Conflict of Interest](#) training within the last four (4) years:
NO
YES: Please attached the NIH FCOI Certificate of Completion.

SIGNIFICANT FINANCIAL INTEREST REVIEW

A Significant Financial Interest (SFI): Anything of monetary value received or held by an investigator or investigator's family member (i.e., spouse, domestic partner and dependents), whether or not the value is readily ascertainable, that reasonably appears to be related to the investigator's institutional responsibilities and/or could reasonably affect or be affected by the outcome of the investigator's sponsored project (42 C.F.R. 50 subpart F).

The following list of SFI's are exempt from the disclosure requirements:

- Salary, royalties, or other remuneration from the College;
- income from the authorship of academic or scholarly works;
- income from seminars, lectures, or teaching engagements sponsored by or from advisory committees or review panels for U.S. Federal, state or local governmental agencies, U.S. institutions of higher education, U.S. research institutes affiliated with institutions of higher education, academic teaching hospitals, or medical centers; or

- equity interests or income from investment vehicles, such as mutual funds and retirement accounts, so long as the investigator does not directly control the investment decisions made in these vehicles.

Institutional Responsibilities: The professional responsibilities completed by employees of the College on behalf of the College (e.g., current or proposed activities such as research, research consultation, research-related student supervision, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards, etc.).

9. Have you, or a family member, received or anticipate receiving, during the twelve (12) month period preceding or as of the date of this disclosure:

Review Question	Answer	
	NO	YES
1. Income or other financial interest (e.g., salary, consulting fees, honoraria, paid authorship, stock, stock options, loans, gifts, favors, services, etc.) in aggregate of \$5000 or more from a <i>publicly traded entity</i> that is related to or that might be affected by your research activities?		
2. Income (e.g. gifts, favors, loans, services, salary, consulting fees) in aggregate of \$5000 or more from a <i>non-publicly traded entity</i> that is related to or that might be affected by your research activities?		
3. An equity/managerial interests (e.g., stocks, stock options, or other ownership interests) in a <i>non-publicly traded entity</i> that might be affected by your research activities?		
4. Income from any Intellectual property rights and interests (e.g. patents, licenses, royalties, and copyrights) <i>not reimbursed through LC State</i> that might be affected by your research activities?		
5. Reimbursement or sponsored travel related to your institutional (i.e., LC State) responsibilities by any entity other than a Federal, state or local government, an institution of higher education, an academic teaching hospital, a medical center or a research institute associated with an institution of higher education?		

DIGITAL SIGNATURES

By signing this form, you are certifying that you have read the procedures and instructions associated with this form, and that the information provided on, and attached to this form is accurate and is what will be submitted to the sponsoring / contracting agency upon receipt of approval.

PRINCIPAL INVESTIGATOR / PROGRAM DIRECTOR

Do not add your digital ID Signature to this form until you have completed and saved all applicable attached sub-forms.



The preparer of this document is responsible for identifying all needed e-mail address and attaching all materials supplied by the sponsoring agency.

10. Is someone other than the PI / PD preparing this form (e.g., administrative assistant, etc.)?
NO
YES

Signatory	LC State e-mail	Digital ID Signature	Action	
			Modify	Submit
Administrative Assistant, etc.				
PI / PD				

GRANTS AND CONTRACTS OFFICE USE ONLY

Receipt

Date Received from PI/PD:

Date Employee is Notified of Receipt:

Determination:

There is no Conflict of Interest – No further action needed.

Conflict of Interest not directly related to project – No further action needed.

Conflict of interest appropriately managed, reduced or eliminated – No Further Action Required

Determination made by:

Date determination was made:

File Name:

Notes