

FINANCIAL CONFLICT OF INTEREST IN RESEARCH DISCLOSURE FORM

Pursuant to NEOMED's policy on Financial Conflicts of Interest in Research, all Investigators participating in any externally funded research must disclose Significant Financial Interests (SFI). This form contains a list of items that could serve as the basis of a SFI. Please review the following topics to determine if any might be applicable to you and your research.

For disclosure purposes the following definitions apply:

Financial Interest: anything of monetary value whether or not the value is readily ascertainable.

Institutional Responsibilities: an Investigator's professional responsibilities on behalf of the University, which include research, research consultation, teaching, professional practice, University committee membership and service on panels such as the Institutional Review Board.

Significant Financial Interest: a Financial Interest held by you, your spouse, or your dependent children that reasonably appear to be related to your Institutional Responsibilities at NEOMED. Such outside activities and Financial Interests include, but are not limited to, the following:

- Remuneration received from a publicly traded company that, when aggregated for you and your spouse and children for the past twelve months, or expected over the next twelve months, exceeds \$5,000. Remuneration includes:
 - salary or other payments for services (e.g., consulting fees, honoraria, paid authorship)
 - equity interests (e.g., stocks, stock options or other ownership interests)
 - intellectual property rights (e.g., patents, copyrights and royalties from such rights)
- Remuneration received from a non-publicly traded company that, when aggregated for you and your spouse and children for the past twelve months, or expected over the next twelve months, exceeds \$5,000 or when for you and your spouse or children hold any equity interest in the company.
- Intellectual property rights and interests (e.g., patents, copyrights) upon receipt of income related to such rights and interests (other than what you might receive from the NEOMED in this regard).
- Any reimbursed or sponsored travel (i.e., that which is paid on your behalf and not directly reimbursed to you) related to your research and professional activities (except for travel that is reimbursed or sponsored by a government agency, an institution of higher education or a teaching hospital, a medical center, or a research institute that is affiliated with another University).

Significant Financial Interests do **not** include:

- Salary, royalties, or other remuneration paid to you by NEOMED (including intellectual property rights assigned to the University and agreements to share in royalties related to such rights);
- 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 those vehicles;
- Income from seminars, lectures, or teaching engagements sponsored by a government agency, an institution of higher education or a teaching hospital, medical center, or research institute affiliated with an Institution of higher education;
- Income from service on certain advisory committees or review panels by a government agency, an institution of higher education or a teaching hospital, medical center, or research institute affiliated with an Institution of higher education.

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IN RESEARCH DISCLOSURE FORM**

Investigator Name:	Work Phone:
Job Title:	Department:
E-mail address:	Date of Disclosure:
Project Sponsor:	Project Period:
Research Project/Proposal Title:	

DISCLOSURE: Based upon the definitions provided above and the disclosure requirements set forth in University Policy No. 3349-3-30, please respond accordingly the following:

YES NO

Do you and/or a Family Member have a Significant Financial Interest related to your Institutional Responsibilities at NEOMED?

If you answered “Yes” please contact the Office of Research and Sponsored Programs to request a Supplemental Disclosure Form to document the nature and monetary value of your Significant Financial Interest.

CERTIFICATION: 1) I certify that to the best of my knowledge the foregoing information is true and correct.
2) I also certify that I have read and understand NEOMED’s Policy on Financial Conflict of Interest in Research and understand that I am required to submit an updated Financial Conflict of Interest in Research Disclosure Form to the Office of the General Counsel within thirty (30) business days of the acquisition of any new reportable Significant Financial Interest.

Investigator Signature

Investigator Printed Name

Date