# 

# Office of Sponsored Programs and Foundation Relations

# PHS/NIH FCOI DISCLOSURE FORM

# INITIAL Disclosure UPDATE

# *Last updated: July 2019, July 2021 Next Review: Fall 2023*

**The individual submitting this form must have an up-to-date certificate from CITI for successfully completing the Faculty/Staff COI for Researchers course. See OSPFR staff for instructions on how to access this online training.**

The Principal Investigator/Project Director and any key personnel must complete an updated disclosure form before submitting a Public Health Service/National Institutes of Health (PHS/NIH) research proposal, and then resubmit at least annually during the period of the grant, or within 30 days of discovering or acquiring a new significant financial interest.

**Submit your completed form and any additional information to the Office of Sponsored Programs and Foundation Relations. If any Significant Financial Interests are disclosed, the paperwork will be forwarded to the Provost for review.**

|  |  |  |
| --- | --- | --- |
| Name: | Department/School: | |
| Project Role:  PD/PI Co-PD/PI Senior/Key Personnel Consultant  Subrecipient Other (explain): | | |
| Project Lead PI/PD (if not identified above): | | Project Period: |
| Project/Grant Title: | | |
| Agency/Sponsor’s Name: | | Agency/Sponsor Award Number: |

**Research** means a systematic investigation, study or experiment designed to develop or contribute to generalizable knowledge relating broadly to public health, including behavioral and social-sciences research. The term encompasses basic and applied research (e.g., a published article, book or book chapter) and product development (e.g., a diagnostic test or drug). For further details, see Code of Federal Regulations, Title 42: Public Health, section §50.603.

**Financial Interest** means anything of monetary value over $100 received or held by an Investigator or an Investigator’s Family, whether or not the value is readily ascertainable, including, but not limited to:

* salary or other payments for services (e.g., consulting fees, honoraria, or paid authorships for other than scholarly works);
* any equity interests (e.g., stocks, stock options, or other ownership interests); and
* intellectual property rights and interests (e.g., patents, trademarks, service marks, and copyrights), upon receipt of royalties or other income related to such intellectual property rights and interests.

For PHS Investigators, **Financial Interest** also includes any reimbursed or sponsored travel undertaken by the Investigator and related to his/her institutional responsibilities. This includes travel that is paid on behalf of the Investigator rather than reimbursed.

# Financial Interest does NOT include:

# Salary, royalties or other remuneration from the University; or

# Income from the authorship of academic or scholarly works; or

# Income from seminars, lectures or teaching engagements sponsored by or for advisory committees or review panels for U.S. federal, state or local government entities; 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.

**Significant Financial Interest (SFI)** is anything of monetary value over $100 that would reasonably appear to affect the project or its results, including, but not limited to:

# Salary or other payments for services from an outside entity (*e.g.*, consulting fees or honoraria). *This does not include grant funds paid to you through St. John Fisher University.*

# Equity interests (*e.g.*, stocks, stock options or other ownership interests), *valued, as of the date of disclosure combined with any remuneration in the past 12 months*.

# Intellectual property rights (*e.g.*, patents, copyrights, trademarks, trade secrets, and/or any royalties from such rights), *valued, when aggregated for the Investigator (including his/her spouse and dependent children)*.

**Financial Conflict of Interest (FCOI)** means a Significant Financial Interest (or, where the provost requires disclosure of other Financial Interests, a Financial Interest) that the Institution reasonably determines could directly and significantly affect the design, conduct or reporting of PHS-funded research.

# Do you or any member of your immediate family (spouse or partner and/or dependent children) have any Significant Financial Interests (SFI) in a Publicly-Traded Entity that would reasonably appear to be affected by this project or its results? (An SFI for publicly-traded entities exists if the value of any equity interest as of the date of disclosure combined with any remuneration in the past 12 months exceeds $100.)

|  |  |  |
| --- | --- | --- |
| No | Yes | If YES: Provide the following information in a sealed envelope marked CONFIDENTIAL: the name of the entity, the nature of the interest, its value, and any documentation. |

# Do you or any member of your immediate family (spouse or partner and dependent children) have any Significant Financial Interests (SFI) in a Privately-Held Entity that would reasonably appear to be affected by this project or its results? (An SFI for privately-held entities exists if the value of any remuneration in the past 12 months exceeds $100, or when the Investigator or immediate family holds any equity interest.)

|  |  |  |
| --- | --- | --- |
| No | Yes | If YES: Provide the following information in a sealed envelope marked CONFIDENTIAL: the name of the entity, the nature of the interest, its value, and any documentation. |

# Have you or any member of your immediate family (spouse or partner and dependent children) received any income related to intellectual property rights and interests that would reasonably appear to be affected by this project or its results? (Do not include any intellectual property that has been assigned to St. John Fisher College.)

|  |  |  |
| --- | --- | --- |
| No | Yes | If YES: Provide the following information in a sealed envelope marked CONFIDENTIAL: the name of the entity, the nature of the interest, its value, and any documentation. |

# In the past 12 months have you undertaken any travel related to your Institutional Responsibilities that was either reimbursed or paid for by any individual or entity other than a Federal, state or local government agency, an Institution of Higher Education (IHE) as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

|  |  |  |
| --- | --- | --- |
| No | Yes | If YES: Provide the following information in a sealed envelope marked CONFIDENTIAL: the purpose of the trip, the name of the sponsor/organizer, and the destination, duration, and approximate monetary value. Use the PHS Travel Disclosure Form. |

**CERTIFICATION BY INVESTIGATOR:**

1. I have read and understood the St. John Fisher University PHS/NIH Financial Conflict of Interest Policy.
2. To the best of my knowledge, I have made all required financial disclosures.
3. I agree to update this disclosure form during the award period AND within 30 days if I acquire new significant financial interests that must be reported.
4. I agree to comply with any conditions or restrictions imposed by St. John Fisher University to manage, reduce or eliminate actual or potential conflicts of interest in connection with this grant. I understand that if I fail to comply, I understand that the University may decline the grant award or terminate the PHS-funded research program.
5. I have been provided with a copy of [42 CFR 50.601 *et seq.*, Promoting Objectivity in Research](https://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=42:1.0.1.4.23) (Public Health Service, see Subpart F) and agree to abide by the disclosure responsibilities of an Investigator as defined in the guidelines and regulations.

**Signature of Investigator or Key Personnel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# CERTIFICATION BY PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR ONLY:

The following people (or roles) meet the definition of Investigator for the above project, and I certify that they all will comply with the disclosure requirements of the St. John Fisher University PHS/NIH Financial Conflict of Interest Policy.

|  |
| --- |
| List names or mark N/A: |

**Signature of Principal Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*This form complies with the requirements of 42 CFR 50 and 45 CFR 94.*