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| **Eastern Michigan University****Financial Conflict of Interest Disclosure Form**  |

A Financial Conflict of Interest Disclosure Form is required for all persons applying for or receiving funding from external sponsors for research projects or any funding received by Public Health Service Agencies (PHS). Disclosure Forms will be evaluated regarding significant financial interests in non-university entities. These regulations apply to current interests and interests in the calendar year preceding the submission of the Disclosure Form. Annual Disclosure Forms for the preceding year must be submitted to the Research Compliance Officer by March 1.

If you need assistance filling out the Financial Conflict of Interest Disclosure Form, contact the Office of Research Compliance at (734) 487-3090 or research.compliance@emich.edu. You can refer to the EMU Conflict of Interest policy on the Research Compliance website: http://www.emich.edu/research/compliance/conflict-interest/policies-procedures.php.

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| **Basic Information** |
| Name:      |
| Email:      | Department:      |
| Sponsor: [ ]  Public Health Service (PHS) [ ]  Other:  |

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| **Type of Disclosure** |

[ ]  **Ad-Hoc** [ ]  **Amended**  [ ]  **Annual Reporting**

**Disclosure:** For the purpose of this disclosure, *Institutional Responsibilities* mean an Investigator’s professional responsibilities associated with his or her Institutional appointment or position, such as research, teaching, clinical activities, administration, and institutional, internal and external professional committee service.

**Entity:** Any domestic or foreign, public or private, organization (excluding a Federal agency) from which an Investigator (and spouse and dependent children) receives remuneration or in which any person has an ownership or equity interest.

**Publicly Traded Entity**: A company that has issued securities (stock/shares, bonds/loans, etc.) through an offering, which are now traded on the open market (opposite of a private company).

*\* If you require additional space to list your Significant Financial Interests, please attach additional pages as needed.*

1. **Publicly Traded Entity**

**Income**

Have you or your spouse, and/or dependent children received income or payment for services for the past 12 months exceeding $5,000 when **aggregated**? This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions.

[ ]  **YES**  [ ]  **NO**

If yes, please provide the following:

**Name of entity**:

**Nature of the significant financial interest** *(e.g., equity, consulting fees, travel reimbursement, honoraria*):

**Value of the significant financial interest or statement why a value cannot be readily determined**:

**Equity Interests**
Do you or your spouse, and/or dependent children currently own, or have acquired in the past 12 months, **any** equity (stock) interest in anynon-publicly traded entity related to your institutional responsibilities? This can include any stock, stock option or other ownership interest.

[ ]  **YES**  [ ]  **NO**

If yes, please provide the following:

**Name of entity**:

**Nature of the significant financial interest** *(e.g., equity, consulting fees, travel reimbursement, honoraria*):

**Value of the significant financial interest or statement why a value cannot be readily determined**:

1. **Non-Publicly Traded Entity**

**Income**

Have you or your spouse, and/or dependent children received income or other payment for services, in the past 12 months, exceeding $5,000, when **aggregated**, from any non-publicly traded entity? This does not include income from seminars, lectures, or teaching engagements sponsored by a U.S. federal, state, or local government agency, a U.S. institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.

[ ]  **YES** [ ]  **NO**

If yes, please provide the following:

**Name of entity**:

**Nature of the significant financial interest** *(e.g., equity, consulting fees, travel reimbursement, honoraria*):

**Value of the significant financial interest or statement why a value cannot be readily determined**:

**Equity Interests**
Do you or your spouse, and/or dependent children currently own, or have acquired in the past 12 months, **any** equity interest in any non-publicly traded entity related to your institutional responsibilities? This can include any stock, stock option or other ownership interest.

[ ]  **YES**  [ ]  **NO**

If yes, please provide the following:

**Name of entity**:

**Nature of the significant financial interest** *(e.g., equity, consulting fees, travel reimbursement, honoraria*):

**Value of the significant financial interest or statement why a value cannot be readily determined**:

1. **Intellectual Property Rights and Interests**

Have you or your spouse, and/or dependent children received any payments, in the past 12 months, for any intellectual property rights and interests (e.g. patents, copyrights, assigned or licensed to a party other than EMU) exceeding $5,000 not reimbursed through EMU?

[ ]  **YES**  [ ]  **NO**

If yes, please provide the following:

**Name of entity**:

**Nature of the significant financial interest** *(e.g., equity, consulting fees, travel reimbursement, honoraria*):

**Value of the significant financial interest or statement why a value cannot be readily determined**:

1. **Travel Reimbursement/Scholarship**

Have you received travel reimbursement or been sponsored for travel (i.e. travel expenses paid on behalf of Investigator and not reimbursed to Investigator) in the 12 months prior to disclosure, by any entity related to your institutional responsibilities? This does not include travel reimbursed or sponsored by U.S. Federal, state or local governmental agencies, U.S. institutions of higher education, research institutes affiliated with institutions of higher education, academic teaching hospitals, and medical centers, unless that entity is itself the subject of research by the Investigator.

[ ]  **YES** [ ]  **NO**

Please provide a brief description of the following:

**Purpose of trip**:

**Sponsor/organizer**:

**Destination**:

**Duration**:

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| **Acknowledgement & Certification** |
| I have read EMU’s policy on Conflict of Interest and I certify that this is a complete disclosure of all my significant financial interests related to my institutional responsibilities. To the best of my knowledge, this Declaration Form is true and complete. I also acknowledge that by signing my name below that it is my responsibility to disclose, **within 30 days**, any new significant financial interests obtained during the term of the above proposed project to the Office of Research Compliance. |
| **Name of Investigator (Printed):** |       |
| **Signature of Investigator:** |  | **Date:** |       |
| **Received by Office of Research Compliance:** |  | **Date:** |  |
| **COI Committee Decision and Management Plan** *(if applicable)***:** |  | **Date:** |  |