

## **HOW to disclose:**

- ✓ An Authorized Representative from your organization has certified that your organization does not have an active and enforced conflicts of interest policy compliant with U.S. regulations. Therefore, you must read and review this educational presentation and complete the attached disclosure forms.

## **WHAT you must disclose:**

- ✓ All Financial Interests (anything of monetary value, no matter how small ) from a company that could be affected by the conduct or outcome of the research project (excluding the NIH). Common types of Financial Interests include:
  - Fees from consulting, advisory boards, lectures
  - Royalty income from inventions, patents, copyrights
  - Equity of any amount
  - Travel paid by a company on your behalf or reimbursed to you
  - Financial Interests of your spouse and dependent children
  - Participation in any non-United States Government sponsored talent recruitment programs

## **WHO must complete the disclosure forms?**

- ✓ Each Investigator (defined as a person responsible for the design, conduct or reporting of research) on the research project); and/or
- ✓ Each Covered Individual (defined as an individual who— (A) contributes in a substantive, meaningful way to the scientific development or execution of a research and development project proposed to be carried out with a research and development award from a Federal research agency; and (B) is designated as a covered individual by the United States Federal research agency concerned.)
- ✓ Any Investigator added to the research team during the grant funding period must immediately submit a disclosure form

## **WHEN must the forms be completed?**

- ✓ At the time of an initial grant submission
- ✓ Annually at project renewal / continuation
- ✓ When an Investigator joins a research project that is already underway
- ✓ When an Investigator's Financial Interests change during the research project

I certify that I have read and understand this educational presentation and have completed the attached disclosure forms.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Printed Name

## Financial Interest in Research Disclosure

(A separate form must be completed by each Investigator on the project)

Investigator Name: \_\_\_\_\_ Institution Name: \_\_\_\_\_  
 PI at the Institution: \_\_\_\_\_ Grant No: \_\_\_\_\_  
 Period: \_\_\_\_\_

**1-** Within the last/next 12 months have **you** or, to the best of your knowledge, your spouse and/or dependent children received compensation of any kind from any commercial entity that would appear to be affected by the conduct or outcome of the research?

**YES [ ] NO [ ]**

If **NO**, please skip this section of the questionnaire and go to **Section 2**.

If **YES**, please check below all that apply:

	You	Spouse/ Dependent Child	Entity Name	Amount/value/year
Consulting fees	[ ]	[ ]	_____	_____
Honoraria for lectures, papers, teaching	[ ]	[ ]	_____	_____
Salaries, Officer/Director's Fees	[ ]	[ ]	_____	_____
Gifts / gratuities (>\$100.00)	[ ]	[ ]	_____	_____
Compensation for service on advisory board	[ ]	[ ]	_____	_____
Royalty payments	[ ]	[ ]	_____	_____
Other	[ ]	[ ]	_____	_____

**2-** Do **you** or, to the best of your knowledge, your spouse and/or dependent children own stocks, stock options or other forms of ownership in any commercial entity that would appear to be affected by the conduct or outcome of the above mentioned research?

**YES [ ] NO [ ]**

If you answered **NO**, please go to **Section 3**.

If you answered **YES**, please respond to the following:

	You	Spouse/ Dependent Child	Entity Name	Value / % Ownership
<b>Publicly-traded Company</b>				
Stocks	[ ]	[ ]	_____	_____
Stocks Options	[ ]	[ ]	_____	_____
Other forms of ownership	[ ]	[ ]	_____	_____

	You	Spouse/ Dependent Child	Entity Name	Shares / % Ownership
<b>Non-publicly-traded Company</b>				
Stock	[ ]	[ ]	_____	_____
Stock options	[ ]	[ ]	_____	_____
Other forms of ownership	[ ]	[ ]	_____	_____

### Financial Interest in Research Disclosure (continued)

**3-** Are **you** or, to the best of your knowledge, your spouse and/or dependent children named as an inventor in an issued patent or patent application, the value of which would appear to be affected by the conduct or outcome of the research?

YES [ ] NO [ ]

If you answered **NO**, please go to **Section 4**.

If you answered **YES**, who has the ownership of the patent? *Please check below all that apply:*

- You
- Spouse / domestic partner
- Parents
- Descendents

*Please explain below:*

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**4-** In the last 12 months, did any commercial entity that would appear to be affected by the conduct or outcome of the research pay for or reimburse you (and/or your spouse/dependent children) for any travel (e.g., hotel, transportation)?

YES [ ] NO [ ]

If you answered **NO**, please go to **Section 5**.

If you answered **YES**, *please explain below:*

<u>Entity</u>	<u>Purpose</u>	<u>Destination</u>	<u>Duration</u>	Did entity pay for your spouse or dependent child to <u>travel with you</u> ?
<i>Acme Co. (example)</i>	<i>Advisory Board</i>	<i>Chicago, Illinois, USA</i>	<i>7 days</i>	<i>Yes, my spouse's plane fare was also covered by Acme.</i>
<i>ABC Foundation (example)</i>	<i>Consulting</i>	<i>Paris, France</i>	<i>8 days</i>	<i>No</i>

**5-** Please disclose all outside relationships with foreign (non-US) entities other than your institution: Relationships include but are not limited to business investments, research collaborations, academic appointments, and/or funding of any kind including travel reimbursements. Foreign entities include commercial businesses, charities, universities, and/or governments. Examples of funding include, but are not limited to, direct payments (honoraria, gifts, awards, prizes, educational stipends, contributions, hospitality, travel/expense reimbursements, etc.) or in-kind contributions (office space, equipment, and personnel such as post-doctoral fellows.)

Within the last 12 months, do you have any relationships with a foreign entity (other than your institution) to disclose?

YES [ ] NO [ ]

If you answered **NO**, please go to **Section 6**.

If you answered **YES**, *please describe below (if any entities were previously disclosed in questions 1-4, you may simply reference them here):*

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**6-** In the last 12 months, did you participate, either directly or indirectly, in a non-United States Government sponsored talent recruitment program<sup>1</sup>?

YES [ ] NO [ ]

If you answered **NO**, please go to **Section 7**.

If you answered **YES**, *please describe below:*

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Misrepresentations and/or omissions in section 5 may be subject to prosecution and liability pursuant to, but not limited to, 18 U.S.C. §§287, 1001, 1031 and 31 U.S.C. §§3729-3733 and 3802.

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<sup>1</sup> **Foreign Talent Recruitment Program:** any program, position, or activity that includes compensation in the form of cash, in-kind compensation, including research funding, promised future compensation, complimentary foreign travel, things of non de minimis value, honorific titles, career advancement opportunities, or other types of remuneration or consideration directly provided by a foreign country at any level (national, provincial, or local) or their designee, or an entity based in, funded by, or affiliated with a foreign country, whether or not directly sponsored by the foreign country, to an individual, whether directly or indirectly stated in the arrangement, contract, or other documentation at issue.

7- I certify that I am subject to Mount Sinai's policy regarding Financial Conflicts of Interest in Research at <http://icahn.mssm.edu/about-us/services-and-resources/faculty-resources/handbooks-and-policies/faculty-handbook/institutional-policies/financial-conflicts-of-interest-in-research>. I attest that the information I have provided is accurate and complete and I will promptly (within 30 calendar days) report any changes to my information to Mount Sinai.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_