

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

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
- ✓ 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
Publicly-traded Company				
Stocks	[]	[]	_____	_____
Stocks Options	[]	[]	_____	_____
Other forms of ownership	[]	[]	_____	_____

	You	Spouse/ Dependent Child	Entity Name	Shares / % Ownership
Non-publicly-traded Company				
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 or 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:

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- 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 report any changes to my information to Mount Sinai.

Signature: _____

Date: _____

Print Name: _____