

Research Proposal Information

PI		Fellow		RA	
Project Title					
Agency		Agency Number			
Award Type		Budget Period	From		To
Award Detail		Project Period	From		To
Project ID		Proposal ID			

This form is to be used by investigators whose participation in the research described in the attached Project Specific Disclosure Form will not be subjected to a conflict of interest policy at least as rigorous as that mandated by the United States Public Health Service in 42 CFR Part 50 F and 45 CFR Subtitle A. Please answer all questions, sign and attach to the Project Specific Disclosure Form.

Yes No

Leadership Positions. During the previous twelve months, have you, your spouse, domestic partner or dependent child(ren) been a director, trustee or officer of a for-profit or a non-profit entity whose activities could reasonably relate to this research? (For example, your spouse is an officer of a company that sells reagents or laboratory equipment that will be used in this research.)

If Yes, please complete the following:

Entity Name:

Position Held:

Position Holder (Self, Spouse, Domestic Partner, Dependent Child):

Time Commitment:

Detailed description of how this leadership position could reasonably relate to this research:

Yes No

Ownership Interests. During the previous twelve months, did you, your spouse, domestic partner or dependent child(ren) hold any ownership interests (including stocks, stock options, partnership interests, profit-sharing interest) in any entity whose activities could reasonably relate to this research? (For example, you received, purchased, or inherited stock in a pharmaceutical or biotechnology company.) For purposes of this question, you may exclude any interests in investment vehicles such as mutual funds and retirement accounts as long as you do not directly control the investment decisions made in these vehicles.

If Yes, please complete the following:

Entity Name:

Is this a publicly-traded entity?

Type of Interest (e.g. stock, options, partnership shares):

Number of Shares Held:

Fair Market Value:

Holder of Shares: (Self, Spouse, Domestic Partner, Dependent Child):

Detailed description of how this leadership position could reasonably relate to this research:

Yes No

Intellectual Property Rights. During the previous twelve months, did you, your spouse, domestic partner or dependent child (ren) receive or have the right to receive royalty payments or other income relating to any intellectual property (e.g. technology, patent, software or creative work whether or not patentable or copyrightable) that has been licensed, assigned or is otherwise the subject of an agreement with an outside entity? (For example, you are an inventor on a patent that has been licensed by your employer to a company and you have a right to receive royalty payments either directly from the company or from your employer as a result of the license.)

If Yes, please complete the following:

Name of entity to which intellectual property rights have been licensed or assigned:

Type of Intellectual Property (e.g. patent, software):

Holder of Interest (Self, Spouse, Domestic Partner, Dependent Child):

Detailed description of how this intellectual property interest could reasonably relate to this research:

Yes No

Consulting, Travel, and Other Income. During the previous twelve months, did you, your spouse, domestic partner or dependent child(ren) have travel paid on behalf of or reimbursed directly from or receive payments (including salary, gifts, consulting fees, expense reimbursement, honoraria, speaking or lecture fees, scientific advisory or review board fees, in-kind compensation) from any entity whose activities could reasonably relate to this research? (For example, your spouse consults for a pharmaceutical or biotechnology company and receives cash payments or travel expenses.) In answering this question, you need not disclose income from seminars, lectures, teaching engagements, advisory committees, or review panels for a Federal, state, or local government agency, a U.S. institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

If Yes, please complete the following:

Name of Entity:

Time Commitment (days per year):

Income Received:

Reason for payment (e.g. consulting, advisory board, gift):

Recipient of Payment (Self, Spouse, Domestic Partner, Dependent Child):

Did this entity either reimburse directly or pay for travel expenses, if any, related to this activity?

If Yes: What was the destination for the travel?

What was the duration of the travel?

Detailed description of how this financial interest could reasonably relate to this research:

Yes No

Other Possible Conflicts of Interest. Do you have any financial interests in addition to those disclosed above that might affect your judgment while carrying out this research?

If yes, please describe:

By signing below I certify that my responses to the questions above are correct and complete to the best of my knowledge.

Signature Date

Printed Name