

NIH/PHS and NSF Significant Financial Interest Disclosure Form

Name of Investigator _____ Department _____

Project Role: ___ PI ___ Co-PI ___ Senior/Key Personnel ___ Consultant ___ Other (specify) _____

Project PI _____ Project period _____

Funding agency _____

Project title _____

___ Initial Disclosure ___ Ad Hoc Disclosure ___ Annual Disclosure for Project Year: _____

1. Do you, your spouse/domestic partner or dependent children have any Significant Financial Interests* related to the Investigator's* Institutional Responsibilities*?

___ No ___ Yes

If YES: complete the Detailed Disclosure Form(s) (page 2 of this form) and provide with any supporting documentation to the Dean of the Faculty in a sealed envelope marked CONFIDENTIAL.

2. Do you, your spouse/domestic partner or dependent children have any Travel related Significant Financial Interests* to disclose?

___ No ___ Yes

If YES: complete the Detailed Disclosure Form(s) (page 2 of this form) and provide with any supporting documentation to the Dean of the Faculty in a sealed envelope marked CONFIDENTIAL.

Certification by Investigator

Initial one of the following statements and sign below

___ I hereby certify that I have read and understand Connecticut College's PHS/NIH Financial Conflict of Interest Policy. I certify to the best of my knowledge that neither I nor my spouse, partner, or dependents hold any significant financial interests that would reasonably appear to be related to my institutional responsibilities to Connecticut College.

___ I have the following relationships, affiliations, activities, or interests which constitute significant financial interests under Connecticut College's PHS/NIH Financial Conflict of Interest Policy (see following pages):

Signature_____
Date

*Please see Connecticut College's Financial Conflict of Interest Policy for definitions specific to NIH/PHS or NSF

PHS/NIH and NSF Significant Financial Interest—Detailed Disclosure Form

Use one disclosure form for each occurrence of Significant Financial Interest; make additional copies as needed

Disclosing Investigator _____

Role in Research _____

___ Initial Disclosure ___ Ad Hoc Disclosure ___ Annual Disclosure for Project Year: _____

External Entity

___ Publicly Traded Entity ___ Non-publicly Traded Entity

Name _____ Date of first occurrence _____

Address _____

Type of Relationship (check all that apply)

Consultant

Governing Board / Officer

Speaker

Equity Holdings

Advisory Board / Committee

Royalty Income

Other

Total amount of compensation or financial interest in reporting period \$ _____

Intellectual Property Rights and Interests

Name and Nature of Interest _____

Value of Interest \$ _____

Travel

Name of Sponsor _____ Dates of Travel _____

Purpose of Trip _____ Destination _____

Approximate Monetary Value \$ _____

Relationship

Describe how the above interests relate to your research and how they represent / do not represent a financial conflict of interest.

Certification

I certify that I have answered truthfully and to the best of my knowledge and agree to comply with any conditions or restrictions imposed by Connecticut College for the purpose of managing, reducing, or eliminating actual, potential, or apparent conflicts of interest in connection with my research.

Signature of Disclosing Investigator: _____ Date: _____