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| **POTENTIAL FINANCIAL CONFLICT OF INTEREST (COI) DISCLOSURE REPORT** **For SUBRECIPIENTS & OTHER AFFILIATES** **under sponsored programs funded and administered by UCF** |
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|  **SUBRECIPIENT OR OTHER AFFILIATE name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **I [ ]** Check here if NOT affiliated to a company/organization **II [ ]** Check here if affiliated to a company/organization  **III[ ]** Check here if affiliated to an institution of higher education **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Select type of disclosure:** **[ ]  New annual disclosure**  **[ ]  Amendment to disclosure** |  **Reporting Period:**  **Initial disclosures must be no less than 12 months prior** **to the subcontract/agreement start date:** **Subcontract Start Date: \_\_\_/\_\_\_/20\_\_\_\_\_** **Disclosure Period:**  **From: \_\_\_\_/\_\_\_\_/ 20\_\_\_\_\_**  **To: \_\_\_\_/\_\_\_\_/20\_\_\_\_\_\_****NOTE: A new COI disclosure form must be submitted annually****during the period of performance covered by the subcontract** **agreement upon award.** |

**PURPOSE:**The Federal government established revised conflicts of interest (COI) regulatory standards effective August 24, 2012 for institutions applying for or that receive Federal research funding by means of a grant, cooperative agreement or contract. Recipients of Federal research funds must ensure their Subrecipients or Other Affiliates (herein called subrecipients) performing program work adhere to the Federal COI regulations. Subrecipients must declare whether their organization adheres to the Federal COI regulation. If a subrecipient does not adhere to the Federal COI regulations they must comply with the University of Central Florida’s conflict of interest policies and procedures (<http://www.coi.ucf.edu/policies.html>). **Procedure**Federal COI regulations require recipient/subrecipient personnel responsible for the **design, conduct or reporting** of the research to disclose their significant financial interests no later than the time of application (see Notes). Changes to the conflict of interest disclosure must be posted (Amendment) by the employee within 30 days of discovering, acquiring, or committing to a new or changed financial conflict of interest. Changes shall be disclosed using this form by selecting the “**Amendment to Disclosure”** box under section “type of disclosure” located at top of Page 1.Multiple activities for each question must be reported on a separate disclosure form. Answering “Yes” to any question requires the completion of all sub-questions. Use additional pages (if necessary) to complete your disclosure statement.The subrecipient will be notified when a potential conflict of interest requires mitigation or elimination prior to the expenditure of Federal research funds. **NOTES:** * Refer to Pages 6 & 7 for a description of the most relevant definitions and criteria applicable to the content of this form.
* Questions relating to this COI disclosure form or submission process at UCF shall be addressed to the ORC’s Office of Compliance/COI Office at coi@ucf.edu.
* <http://grants.nih.gov/grants/policy/coi/fcoi_final_rule.pdf>.
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| **Sponsored and Non-Sponsored Research** |

UCF promotes objectivity in research by establishing policies and procedures that provide a reasonable expectation that the design, conduct and reporting of research will be free from bias resulting from employees financial conflicts of interest.

**Questions 1, 2 & 3 apply to an investigator/employee planning to participate (proposal application) in, or is responsible for the design, conduct and/or reporting of the research.**

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| 1. **Will you or your** **immediate family** **be compensated by, or have an ownership or equity interest related to your company/institutional responsibilities, in an entity that when aggregated, equals or exceeds $5,000? [*See Page 7 for reporting exclusions*] (First time disclosures must include remuneration and/or equity interests received for the 12 months prior to the subcontract start date).** |

 **[ ]**  Yes **[ ]**  No

 **(If “No”, proceed to question 2.)**

 **If “Yes”,** provide the following information:

* Entity name (Source of remuneration): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Party receiving the remuneration: **[ ]**  Self, or **[ ]**  Immediate Family member **[ ]**  Both

 If "Immediate Family member", please identify family relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Position type:**

**[ ]**  President **[ ]**  CEO **[ ]**  CTO **[ ]**  Board Member **[ ]**  Director/Chief Research Officer

**[ ]**  Scientific Advisory Board Member **[ ]**  Manager/Officer/Partner **[ ]**  Other (provide details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Type of compensation:**

**[ ]**  Salary **[ ]**  Paid authorship **[ ]**  Stock Options **[ ]**  Consulting Fees **[ ]**  Stock **[ ]**  Stock Options

**[ ]**  Honoraria **[ ]**  Other ownership interest (describe below): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Anticipated duration: Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Specify the anticipated time commitment to the activity:

 # hours: \_\_\_\_\_\_\_ Hours are: **[ ]**  Per Week **[ ]** Per Month **[ ]**  Per Year

Describe how the activity interacts with your assigned duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Has or will the Entity **sponsor your research through the company/institution** and/or execute a license agreement to use intellectual property authored or invented by you as a company/institution employee?

 **[ ]**  Yes **[ ]**  No

If “Yes”, select **[ ]** Research sponsor **[ ]** License agreement

 If **“Research Sponsor**”, please provide details: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If “**License agreement”**, please provide details:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is the remuneration for services from the sponsor of a covered clinical study? **[ ]**  Yes **[ ]**  No

 If “Yes”, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If “Yes”, is or will the amount of remuneration exceed $25,000? **[ ]**  Yes **[ ]**  No

* Describe in detail your role and responsibilities (including legal or employment relationship) with the company/ institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **2. Will you be reimbursed, either directly or on your behalf, by an entity other than your employer for any extramural travel** **exceeding $5,000 (per entity) that is related to your company/institutional responsibilities? [See Page 7 for reporting exclusions] (First time disclosures must include reimbursed travel for the 12 months prior to the subcontract start date).** |

 **[ ]**  Yes **[ ]**  No

 **(If “No”, proceed to question 3.)**

 **If "Yes**", please provide the following information:

* Entity name supporting travel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Travel destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Travel Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **3. Will you or your immediate family receive income related to intellectual property rights (e.g. patents, copyrights, trademarks), that when aggregated, equal or exceeds $5,000 [See Page 7 for reporting exclusions] (First time disclosures must include the value of income received from intellectual property rights for the 12 months prior to the subcontract start date).** |

  **[ ]**  Yes **[ ]**  No

 **(If “No”, proceed to the certification section.)**

 **If "Yes",** please provide the following information:

* Entity name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Identify type of IP: **[ ]**  Patents **[ ]**  Royalties **[ ]**  Royalty Options **[ ]**  Option to receive Intellectual Property rights

 **[ ]**  Copyrights **[ ]**  Trademark

* Party developing or who owns IP: **[ ]**  Self **[ ]**  Immediate Family member **[ ]**  Both
* Short description of the property:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Describe in detail your role and responsibilities with the entity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CERTIFICATIONS** |
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| **I. Certification by discloser:****I certify that the statements and disclosures provided herein are current, accurate, and complete, and understand that any false or misleading representation(s) may result in the removal of my services to UCF and/or termination of the subcontractual relationship with UCF.****Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date \_\_\_\_\_\_\_\_\_\_** ***(Manual signature required)***

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| **Contact information [REQUIRED]:**Mailing address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Telephone: (\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Sections II. or III. shall be completed by the authorized PCOI reviewer at the entity (as applicable to the entity’s classification status):****II. Certification of authorized PCOI reviewer at company/organization:****II. [ ]  Certification is provided that our entity does not have an active and enforced COI policy that is consistent with the provisions of 42 CFR Part 50, Subpart F, or 45 CFR Part 94; therefore, discloser must abide by UCF COI Policy in Research and pertinent disclosure requirements.****III. Certification of authorized PCOI reviewer at institution of higher learning:****III. [ ]  Certification is provided that our entity does not have an active and enforced COI policy that is consistent with the provisions of 42 CFR Part 50, Subpart F, or 45 CFR Part 94; therefore, discloser must abide by UCF COI policy in research and pertinent disclosure requirements.****Print name of company/organization/institute of higher learning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Print name of signatory authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date \_\_\_\_\_\_\_\_\_\_** ***(Manual signature required)*****Print title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Contact information [REQUIRED]:**Mailing address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Telephone: (\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**THIS SECTION IS TO BE USED BY UCF ONLY:****Note: As determined by the ORC COI Reviewer, this form may be subject to review by the UCF FCOI Committee****ORC Reviewer: COI Regulatory Review** **This COI disclosure pertains to:****Proposal titled**: **“\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”****RID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposal deadline:** \_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_**Sponsor**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****UCF Principal Investigator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dept/Center/Institute**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Review Determination :** **[ ]**  **No conflict**  **[ ]**  **Conflict identified:**   **[ ]**  Monitoring Plan for Potential Conflict of Interest (**MP**) form is required **[ ]**  Request for an Exemption/Disclosure (**RED**) form is required **[ ]**  MP & RED forms are required[ ]  **Check here if review by FCOI Committee is recommended** **[ ]**  **Unapproved conflict (See comments below)** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ORC Reviewer:****Print name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tel:** **(\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_** **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date**: \_\_\_\_\_/\_\_\_\_\_\_/**20\_\_\_\_\_\_** |
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**Definitions and criteria applicable to the content of this form**

**Covered Clinical Study**

Covered clinical study means any study of a drug or device in humans submitted in a marketing application or reclassification petition subject to this part that the applicant or FDA relies on to establish that the product is effective (including studies that show equivalence to an effective product) or any study in which a single investigator makes a significant contribution to the demonstration of safety. This would, in general, not include phase l tolerance studies or pharmacokinetic studies, most clinical pharmacology studies (unless they are critical to an efficacy determination), large open safety studies conducted at multiple sites, treatment protocols, and parallel track protocols. An applicant may consult with FDA as to which clinical studies constitute "covered clinical studies" for purposes of complying with financial disclosure requirements.

**Company/Institution**

Business entity: means any for- profit and/or not-for profit corporation, partnership, limited partnership, proprietorship, firm, enterprise, franchise, association, self-employed individual, or trust.

***Design, Conduct or Reporting* of research or non-sponsored research/project results:**

***Design*:** The planning of the scientific/methodology strategies to be tested or performed under a research project or other types of programmatic efforts.

***Conduct:*** The supervision or management of the execution of research projects or other types or programmatic efforts. Conduct could be performed by any project personnel, but typically by the project’s Principal Investigator and/or Co-Principal Investigators.

***Reporting* (of sponsored and non-sponsored research/project results):** The authorship of reports (to be submitted to the sponsoring agency) and/or publications resulting from the *design* and the *conduc*t of a research project or other types of programmatic efforts. Typically, this action includes anyone who will likely present the data at professional meetings or conferences. Reported data may or may not be subject to publication in a journal.

**Federal Conflict of Interest Criteria**

A potential conflict of interest exists when a faculty member's Significant Financial Interest (anything of monetary value including salary, equity interests, and/or intellectual property rights) could directly and significantly affect the design, conduct or reporting of the research. (See [**National Institutes of Health Responsibility of Applicants for Promoting Objectivity in Research 42 CFR, Part 50.602**](http://edocket.access.gpo.gov/cfr_2008/octqtr/pdf/42cfr50.601.pdf), [**Part 50.603**](http://edocket.access.gpo.gov/cfr_2008/octqtr/pdf/42cfr50.603.pdf), and [**Part 50.604**](http://edocket.access.gpo.gov/cfr_2009/octqtr/pdf/42cfr50.604.pdf), [**National Science Foundation Proposal & Award Policies and Procedures Guide, Part II, Chapter IV. A., Grantee Standards**](http://www.nsf.gov/pubs/policydocs/pappguide/nsf09_29/aag_4.jsp), and [**U.S. Food and Drug Administration Financial Disclosure by Clinical Investigators 21 CFR, Part 54.1-3**](http://edocket.access.gpo.gov/cfr_2009/aprqtr/pdf/21cfr54.2.pdf), and [**Part 54.4-6**](http://edocket.access.gpo.gov/cfr_2009/aprqtr/pdf/21cfr54.5.pdf)).

Under sponsored federal programs the potential conflict is between the investigator's personal financial interests and their ability to perform objective research.

**Immediate Family**

Immediate Family shall refer to the Subrecipient or Other Affiliate employee’s spouse and dependent children.

**Institutional Responsibilities**

Institutional Responsibilities refers to an employee’s professional responsibilities performed on behalf of the company/institution.

**Manage**

Taking action to address a financial conflict of interest, which can include reducing or eliminating the significant financial interest to ensure, to the extent possible, that the design, conduct, and reporting of research will be free from bias or personal financial gain.

**Remuneration**

Means reward; recompense; salary; compensation.

**Research**

Research means a systematic experiment, study, demonstration, or survey designed to develop or contribute general knowledge (basic research) or specific knowledge (applied research) in all fields by establishing, discovering, developing, elucidating, or confirming engineering, science, medicine, education, mathematics, humanities, and research involving human subjects or animals. The term includes product development to include a diagnostic test or drug.

**Significant Financial Interest (SFI)**

The term significant financial interest consisting of one or more of the following interests of the employee (and those of the employee’s spouse and dependent children) that reasonably appears to be related to the employee’s company/institutional responsibilities:

1. with regard to any publicly traded entity, a significant financial interest exists if the value of any remuneration received from an entity in the 12 months preceding the disclosure and the value of any equity interest or fixed asset value of an entity as of the date of disclosure, when aggregated, equals or exceeds $5,000;

2. with regard to any non-publically traded entity, a significant financial interest exists if the value of any remuneration received from an entity in the 12 months preceding the disclosure, when aggregated, equals or exceeds $5,000 or when the employee (or the employee’s spouse and dependent children) holds any equity interest (e.g., stock, stock options, or other ownership interest);

3. intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests.

4. the occurrence of any reimbursed or sponsored travel (i.e., that which is paid directly to and/or on behalf of the employee by an entity other than the subrecipient) exceeding $5,000 (per entity for the stated disclosure period) related to the employees company/institutional responsibilities.

***Exclusions relating to SFIs:***

The term ***Significant Financial Interest***does not include the followingtypes of financial interests:

a. salary,royalties, or other remuneration paid bythe subrecipient to the subrecipient’s employee who is currently employed orotherwise appointed by the subrecipient,including intellectual property rightsassigned to the subrecipient; agreements between subrecipient and its employees to share in royalties relatedto such rights; ownership interest inthe subrecipient held by the subrecipient employee,if the subrecipient is a commercial or for profitorganization; income frominvestment vehicles, such as mutualfunds and retirement accounts, as long as the subrecipient employee does not directlycontrol the investment decisions madein these vehicles;

b. income fromseminars, lectures, or teachingengagements sponsored by a Federal,state, or local government agency, anInstitution of higher education asdefined at 20 U.S.C. 1001(a), anacademic teaching hospital, a medicalcenter, or a research institute that isaffiliated with an Institution of highereducation; or income from service onadvisory committees or review panels

for a Federal, state, or local governmentagency, an Institution of highereducation as defined at 20 U.S.C.1001(a), an academic teaching hospital,a medical center, or a research institute that is affiliated with an Institution of higher education.

**Travel (required reporting and Exclusions):**

Subrecipient employees must disclose the occurrence of any reimbursed or sponsored travel (*i.e.,* that which is paid directly to

 or on behalf of the employee by an entity other than the subrecipient) exceeding $5,000 (per entity for the stated disclosure

period) related to the employees company/institutional responsibilities.

***Exclusions relating to travel***: Travel reporting requirements do not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

**Subrecipient or Other Affiliate**

The term Subrecipient or Other Affiliaterefers to a compensated or uncompensated subcontractor, sub-recipient, consultant, collaborator or other third-party entity performing research services for the University of Central Florida (UCF) under a written or verbal agreement.The term includesthe subrecipient’s Project Director (PD) or Principal investigator (PI), and any other person, regardless of title or position who is responsible for the ***design, conduct, or reporting*** of sponsored and non-sponsored research/project results.

**----END OF DISCLOSURE FORM-----**