

**Financial Conflict of Interest Reporting Form
for all Public Health Service (“PHS”) Investigators**

Instructions: This form must be completed prior to proposal submission by all PHS *Investigators* in accordance with BVARI’s **Financial Conflicts of Interest Policy for Public Health Service (PHS) Investigators** and [42 CFR 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought"](#).

SECTION I - GENERAL INFORMATION

Investigator Name:

Academic Affiliation:

Does your academic affiliation have a PHS-compliant FCOI policy and disclosure process for which you are required to disclose? Yes No; If yes, please attach a copy of the most recent disclosure from your academic affiliation, and skip to SECTION III.

SECTION II – FINANCIAL INTERESTS THAT RELATE TO INSTITUTIONAL RESPONSIBILITIES

(Please state “yes” if any questions relate to your institutional responsibilities. If “yes”, please complete Addendum A to this form.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	* Significant Financial Interest: In the past twelve months, you (including family members) had a financial interest (including compensation) in a related outside entity of more than \$5,000 in total and when aggregated by entity. Interests include, but are not limited to, consulting fees, honoraria, or paid authorships for other than scholarly works.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Equity: In the past twelve months, you (including family members) have equity, own stock, or hold stock options with a publicly-traded (≥\$5000) or privately-owned entity (≥\$0)? Do NOT include mutual funds or retirement accounts if you do not directly control the investment decisions made in these vehicles
<input type="checkbox"/> Yes	<input type="checkbox"/> No	*Fiduciary or Managerial Role: In the past twelve months, you (including family members) served as a director, trustee, officer or other key employee in a for-profit corporation, partnership, business, or other entity outside of BVARI or the VABHS, including any appointment with a foreign institution or organization?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intellectual Property: Do you or a Family Member have rights to and/or receive royalties from intellectual property (including, patents copyrights and trademarks but excluding academic or scholarly works) licensed to and/or owned by a for-profit entity?

** Questions 1, 3, and 5 do not include interests from U.S. federal, state or local governmental agencies; U.S. institutions of higher education; research institutes affiliated with institutions of higher education, academic teaching hospitals, and medical centers.*

SECTION III - TRAVEL

In the past twelve months, you have personally been reimbursed or been provided travel by an outside entity (≥\$5000 per entity) directly to you or on your behalf (excluding BVARI or VABHS reimbursed travel). Yes No; If yes, please provide the purpose, sponsor, destination, and travel dates.

SECTION V – CONFIRMATION AND SIGNATURES

I certify I have reviewed the **BVARI training** on **Financial Conflicts of Interest Policy for Public Health Service (PHS) Investigators**.

*By signing below, I verified I have read and understand BVARI’s **Financial Conflicts of Interest Policy for Public Health Service (PHS) Investigators** and have completed this report to the best of knowledge and belief. If required, I will comply with any conditions or restrictions imposed by BVARI to manage any real or perceived conflicts. Should my outside financial or managerial interests or those of a Family Member change, I agree to submit a revision.*

PHS Investigator Signature:

Addendum A

Instructions: Please complete this Addendum A for each of the entities (one page per entity) for which you marked “yes” to any questions in *SECTION II – FINANCIAL INTERESTS THAT RELATE TO INSTITUTIONAL RESPONSIBILITIES*.

Reminders:

- Only disclose the interests in entities that relate to professional responsibilities associated with your appointment or position, such as research, teaching, clinical activities, administration, and institutional, internal and external professional committee service.
- Do not include interests from U.S. federal, state or local governmental agencies; U.S. institutions of higher education; research institutes affiliated with institutions of higher education, academic teaching hospitals, and medical centers. Foreign institutions, governments, or organizations must be included.
- Do not disclose income from investment vehicles, such as mutual funds and retirement accounts, where you do not directly control the investment decisions made in these vehicles.

Name of RELATED ENTITY (one entity per copy):

Is this a for-profit entity? Yes No; If yes, is the entity publicly traded? Yes No

I, or a family member, have received salary, consulting fees, honoraria, or paid authorships for other than scholarly works from this entity in the past twelve months. Yes No; If yes, specify the amount: \$

I, or a family member, hold equity (including stock, stock options, or other ownership) interests in this entity.

Yes No

If yes, please indicate the aggregate dollar value of your (and any family members) equity interests in this entity (if privately-held, you may specify “unknown”)

I, or a family member, have received royalties, license fees, or similar payments from intellectual property rights from this entity in the last twelve months. Yes No; If yes, specify the amount:

I, or a family member, had a fiduciary or management role with this entity in the past twelve months. Yes No;

If yes, please state which family member(s) holds the interest identified above (e.g. self, spouse, dependent child), and the type of position held.

Does this entity relate to research administered by BVARI? Yes No

If yes, please briefly describe.

Please use this space to provide any additional information that you believe may relate to your disclosure.