

**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: \_\_\_\_\_