

## **Financial Interests Disclosure Report**

(submitted pursuant to

RD&S Policy - Financial Conflict of Interest for U.S. Public Health Service Funded Research)

In accordance with the U.S. Public Health Service (PHS) Regulation on the <u>Responsibility of Applications for Promoting Objectivity in Research for which PHS Funding is Sought</u> Western requires that all investigators promptly and fully disclose, in writing, any significant financial interest (SFI) (including those of a spouse/partner or dependent child) that reasonably appears to be related to the <u>Investigator's Institutional Responsibilities</u>. This applies to all investigators, regardless of title or position, who are responsible for the design, conduct, or reporting of PHS funded research, or proposed for such funding.

To assist in the completion of this form, please refer to the RD&S Policy on Financial Conflict of Interest (FCOI) in Public Health Service (PHS) Funded Research.

Submit the completed form to Western Research: researchoffice@uwo.ca

Investigator Name:		or Name:	
Department:			
Agency/Sponsor:			
Title of Grant:			
ROLA Proposal or Project, or Speedcode #:			
Lead PI:			
Name of Grantee Institution (if not Western)			
Please cho	□ ting on a	Co-Applic	IS Funded Research Project: ☐ PHS Funded Research Application: cant/Sub-recipient on PHS Funded Research Application: ☐ for the year: ☐ as an addendum to update my most recent report
DECLAR	ATIONS	): 	
□ yes	□ no	rec mo dire equ res	eived in the past 12 months or do you expect to receive in the next 12 months anything of netary value including salary or other payments for services (e.g. consulting payments, ector fees, honoraria, royalties or other payments for patents or copyrights) from an Entity ual to or greater than \$5,000 that would reasonably appear to be related to your institutional ponsibilities?
		_,	<ul> <li>salary, royalties or other remuneration from Western University or Lawson</li> <li>income from seminars, lectures or teaching engagements sponsored by, and service on advisory or review panels for, a federal, state, provincial, or local government agency, an institution of higher education, an academic teaching hospital, a medical centre, or a research institute that is affiliated with an institution of higher education</li> <li>income from investment vehicles, such as mutual funds and retirement accounts, so long as you or your Family do not directly control the investment decisions made in these vehicles</li> </ul>
□ yes	□ no	a) o mo inte	uity Interests: Do you or a member of your Family: bown or anticipating owning stock, stock options or other ownership interests with a netary value of \$5,000 or more from a publicly-traded or privately-owned entity where such erests would reasonably appear to be related to your institutional responsibilities? (For ck in non-publicly traded entities, use the most recent sales price recognized by the Entity.)
□ yes	□ no	mo	own or anticipate owning greater than 5% ownership interest in any single Entity where its netary value could be affected in any way as a result of your institutional responsibilities? es to 2a and/or 2b, furnish information on the nature of these interests on a separate page.
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		<b>Exemption:</b> Do not include equity interests in investment vehicles, such as mutual funds and retirement accounts, so long as you or your Family do not directly control the investment decisions made in these vehicles.
□yes	□no	3. <b>Travel</b> : Has any Entity reimbursed travel or sponsored travel for you that would reasonably appear to be related to your institutional responsibilities?
		<b>Exemption:</b> Do not include travel that is reimbursed by a federal, state, provincial, or local government agency, institution of higher education, academic teaching hospital, medical centre, or a research institute that is affiliated with an institution of higher education.

## **CERTIFICATION:**

I have read, understand and will comply with Western's RD&S *Financial Conflict of Interest for U.S. Public Health Service Funded Research* Policy. I have accurately completed this report. I understand that completing and signing this certification does not exempt me from any other requirements determined by the PHS, NIH, or from any other Western University, Lawson, London Health Sciences Centre, or St. Joseph's Health Care London policies and procedures, as appropriate. Should my outside financial or managerial interests, or those of my Family, change in a way that results in different answers to any of the questions asked in this report, I agree to promptly submit a revision.

(date)		(signature)				
□ additional pag	additional page(s) attached					
Addition to Financial In	terests Disclosure Report of:	(Name)				
Reporting for: ☐ se	lf □ family member: Name: Relationship:					
Name of External Entit	y:					
Address of External Er	ntity:					
Type of external rela	tionship: (check all that apply)					
□ Consultant	Consultant					
□ Speaker	Speaker					
☐ Advisory B	Advisory Board or Committee					
│	dings					
□ Governing	Board or Officer					
□ Intellectual	Droparty Pighte					
	Royalty Income					
□ Other (des	cribe below)					
Amount of compensati	on or financial interest in reporting p	period: \$				
If travel paid by Entity:						
Destination						
Amount		\$				

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Comments or explanatory information (attach additional page(s) as necessary)

Research Oversight & Compliance Use Only						
Ihave reviewed this financial in financial interests (SFI) reported do not represent a financial conflict of	nterests form and have determined that the significant of interest (FCOI) as it relates to this NIH grant.					
Signature of Western's Designated Official	Date					

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