

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 [Responsibility of Applications for Promoting Objectivity in Research for which PHS Funding is Sought](#) 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 *Investigator's Institutional Responsibilities*. 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: nwu28@uwo.ca (Natalie Wu, Director, Research Services)

Investigator Name:	
Department:	
Agency/Sponsor:	
Title of Grant:	
ROLA Proposal or Project, or Speedcode #:	
Lead PI:	
Name of Grantee Institution (if not Western)	

Please check: Active PHS Funded Research Project: PHS Funded Research Application:

Co-Applicant/Sub-recipient on PHS Funded Research Application:

I am reporting on activities: for the year: _____

as an addendum to update my most recent report

DECLARATIONS:

<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>1. Financial Interests: Have you, your spousal partner or dependent children (your "Family") received in the past 12 months or do you expect to receive in the next 12 months anything of monetary value including salary or other payments for services (e.g. consulting payments, director fees, honoraria, royalties or other payments for patents or copyrights) from an Entity equal to or greater than \$5,000 that would reasonably appear to be related to your institutional responsibilities?</p> <p><i>Exemption:</i> Do not include:</p> <ul style="list-style-type: none"> • salary, royalties or other remuneration from Western University or Lawson • 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 • 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
<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>2. Equity Interests: Do you or a member of your Family:</p> <p>a) own or anticipating owning stock, stock options or other ownership interests with a monetary value of \$5,000 or more from a publicly-traded or privately-owned entity where such interests would reasonably appear to be related to your <i>institutional responsibilities</i>? (For stock in non-publicly traded entities, use the most recent sales price recognized by the Entity.)</p> <p>b) own or anticipate owning greater than 5% ownership interest in any single Entity where its monetary value could be affected in any way as a result of your institutional responsibilities?</p> <p>If yes to 2a and/or 2b, furnish information on the nature of these interests on a separate page.</p>
<input type="checkbox"/> yes	<input type="checkbox"/> no	

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		<p>Exemption: 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.</p>
<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>3. Travel: Has any Entity reimbursed travel or sponsored travel for you that would reasonably appear to be related to your institutional responsibilities?</p> <p>Exemption: 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.</p>

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 page(s) attached

Addition to Financial Interests Disclosure Report of: _____

(Name)

Reporting for: self family member:

Name: _____

Relationship: _____

Name of External Entity: _____

Address of External Entity: _____

Type of external relationship: *(check all that apply)*

<input type="checkbox"/>	Consultant
<input type="checkbox"/>	Speaker
<input type="checkbox"/>	Advisory Board or Committee
<input type="checkbox"/>	Equity Holdings
<input type="checkbox"/>	Governing Board or Officer
<input type="checkbox"/>	Intellectual Property Rights
<input type="checkbox"/>	Royalty Income
<input type="checkbox"/>	Other (describe below)

Amount of compensation or financial interest in reporting 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

I _____ have reviewed this financial interests form and have determined that the significant financial interests (SFI) reported do not represent a financial conflict of interest (FCOI) as it relates to this NIH grant.

Signature of Western's Designated Official

Date