

## Financial Interest in Research Disclosure

(A separate form must be completed by each Investigator on the project)

Investigator Name: \_\_\_\_\_ Institution Name: \_\_\_\_\_  
PI at the Institution: \_\_\_\_\_ Grant No: \_\_\_\_\_  
Period: \_\_\_\_\_

Please check the appropriate response:

I am currently an Investigator on this grant or contract and my financial interests are unchanged from my previous report. ***There is nothing further for you to do.*** Please sign, date and return this form to [Grants@mssm.edu](mailto:Grants@mssm.edu).

I am currently an Investigator on this grant or contract and need to report new financial interests. ***Please complete the education presentation and disclosure form below,*** sign, date and return all forms to [Grants@mssm.edu](mailto:Grants@mssm.edu).

I am a new Investigator on this grant or contract and have not previously reported my financial interests to Mount Sinai. ***Please complete the education presentation and disclosure form below,*** sign date and return all forms to [Grants@mssm.edu](mailto:Grants@mssm.edu).

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

## **HOW to disclose:**

- ✓ An Authorized Representative from your organization has certified that your organization does not have an active and enforced conflicts of interest policy compliant with U.S. regulations. Therefore, you must read and review this educational presentation and complete the attached disclosure forms.

## **WHAT you must disclose:**

- ✓ All Financial Interests (anything of monetary value, no matter how small ) from a company that could be affected by the conduct or outcome of the research project (excluding the NIH). Common types of Financial Interests include:
  - Fees from consulting, advisory boards, lectures
  - Royalty income from inventions, patents, copyrights
  - Equity of any amount
  - Travel paid by a company on your behalf or reimbursed to you
  - Financial Interests of your spouse and dependent children

## **WHO must complete the disclosure forms?**

- ✓ Each Investigator (defined as a person responsible for the design, conduct or reporting of research) on the research project
- ✓ Any Investigator added to the research team during the grant funding period must immediately submit a disclosure form

## **WHEN must the forms be completed?**

- ✓ At the time of an initial grant submission
- ✓ Annually at project renewal / continuation
- ✓ When an Investigator joins a research project that is already underway
- ✓ When an Investigator's Financial Interests change during the research project

I certify that I have read and understand this educational presentation  
and have completed the attached disclosure forms.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Printed Name

## Financial Interest in Research Disclosure (continued)

(A separate form must be completed by each Investigator on the project)

Investigator Name: \_\_\_\_\_ Institution Name: \_\_\_\_\_  
 PI at the Institution: \_\_\_\_\_ Grant No: \_\_\_\_\_  
 Period: \_\_\_\_\_

1- Within the last/next 12 months have **you** or, to the best of your knowledge, your spouse and/or dependent children received compensation of any kind from any commercial entity that would appear to be affected by the conduct or outcome of the research?

**YES [ ] NO [ ]**

If NO, please skip this section of the questionnaire and go to **Section 2**.

If **YES**, please check below all that apply:

|  | You | Spouse/<br>Dependent Child | Entity<br>Name | Amount/value/year |
|--|-----|----------------------------|----------------|-------------------|
| Consulting fees                            | [ ] | [ ]                        | _____          | _____             |
| Honoraria for lectures, papers, teaching   | [ ] | [ ]                        | _____          | _____             |
| Salaries, Officer/Director's Fees          | [ ] | [ ]                        | _____          | _____             |
| Gifts / gratuities (>\$100.00)             | [ ] | [ ]                        | _____          | _____             |
| Compensation for service on advisory board | [ ] | [ ]                        | _____          | _____             |
| Royalty payments                           | [ ] | [ ]                        | _____          | _____             |
| Other                                      | [ ] | [ ]                        | _____          | _____             |

2- Do **you** or, to the best of your knowledge, your spouse and/or dependent children own stocks, stock options or other forms of ownership in any commercial entity that would appear to be affected by the conduct or outcome of the above mentioned research?

**YES [ ] NO [ ]**

If you answered **NO**, please go to **Section 3**.

If you answered **YES**, please respond to the following:

|                                | You | Spouse/<br>Dependent Child | Entity<br>Name | Value /<br>% Ownership |
|--------------------------------|-----|----------------------------|----------------|------------------------|
| <b>Publicly-traded Company</b> |     |                            |                |                        |
| Stocks                         | [ ] | [ ]                        | _____          | _____                  |
| Stocks Options                 | [ ] | [ ]                        | _____          | _____                  |
| Other forms of ownership       | [ ] | [ ]                        | _____          | _____                  |

|                                    | You | Spouse/<br>Dependent Child | Entity<br>Name | Shares /<br>% Ownership |
|------------------------------------|-----|----------------------------|----------------|-------------------------|
| <b>Non-publicly-traded Company</b> |     |                            |                |                         |
| Stock                              | [ ] | [ ]                        | _____          | _____                   |
| Stock options                      | [ ] | [ ]                        | _____          | _____                   |
| Other forms of ownership           | [ ] | [ ]                        | _____          | _____                   |

### Financial Interest in Research Disclosure (continued)

3- Are **you** or, to the best of your knowledge, your spouse and/or dependent children named as an inventor in an issued patent or patent application, the value or which would appear to be affected by the conduct or outcome of the research?

YES [ ] NO [ ]

If you answered **NO**, please go to **Section 4**.

If you answered **YES**, who has the ownership of the patent? *Please check below all that apply:*

- You
- Spouse / domestic partner
- Parents
- Descendents

*Please explain below:*

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4- In the last 12 months, did any commercial entity that would appear to be affected by the conduct or outcome of the research pay for or reimburse you (and/or your spouse/dependent children) for any travel (e.g., hotel, transportation)?

YES [ ] NO [ ]

If you answered **NO**, please go to **Section 5**.

If you answered **YES**, *please explain below:*

| <u>Entity</u>                   | <u>Purpose</u>        | <u>Destination</u>            | <u>Duration</u> | Did entity pay for your spouse or dependent child to <u>travel with you</u> ? |
|---------------------------------|-----------------------|-------------------------------|-----------------|---|
| <i>Acme Co.(example)</i>        | <i>Advisory Board</i> | <i>Chicago, Illinois, USA</i> | <i>7 days</i>   | <i>Yes, my spouse's plane fare was also covered by Acme.</i>                  |
| <i>ABC Foundation (example)</i> | <i>Consulting</i>     | <i>Paris, France</i>          | <i>8 days</i>   | <i>No</i>   |
|                                 |                       |                               |                 |   |

5- I certify that I am subject to Mount Sinai's policy regarding Financial Conflicts of Interest in Research at <http://icahn.mssm.edu/about-us/services-and-resources/faculty-resources/handbooks-and-policies/faculty-handbook/institutional-policies/financial-conflicts-of-interest-in-research>. I attest that the information I have provided is accurate and complete and I will promptly report any changes to my information to Mount Sinai.

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

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

**Print Name:** \_\_\_\_\_