

## **Office of Research**

## CONFLICT OF INTEREST DISCLOSURE FORM

A conflict of interest occurs when an individual, an individual's spouse, children, etc. have a financial interest or relationship that could directly, indirectly, or significantly affect the design, the conduct, reporting, or funding of the research.

Ful	l Name		Role in the F (PI, Co-PI, Senior Perso	
Department			College	
Pro	posal Title		Sponsor	
1.	ownership ii	<b>e Financial Interest</b> (examples: travel, nterest, gift, consulting fees, equity nagerial interest, loan)		
2.	Name, addre	ss and web address of individual or entity		
3.	<ul> <li>Description of the business or service(s) provided by the individual or entity</li> </ul>			
4.	Your relation	ship with the individual or entity		
5.	publicly trad	i <b>cture of entity</b> (examples: ed for-profit entity, nonpublic tity, nonprofit entity, foundation)		
6.	sponsored p	or the individual's/entity's role in this specific roject? ıbrecipient, Vendor, or Other)		
7.	Justification in the sponse	for your or the individual's/entity's inclusion ored project		
8.	Value of fina	ncial interest		
9.	Project Trav	<b>el</b> (if not applicable, please skip)		

a.	Person(s) traveling: (Self, Spouse, Dependent Child, Others)	
	(Seir, Spouse, Dependent ennid, Others)	
	Name(s) of person(s) travelling	
b.	Purpose of travel:	
с.	Travel provided by:	
d.	Destination:	
e.	Duration:	
10.	Description of how this individual or entity relates to or impacts this specific sponsored project	
11.	Description of how to safeguard objectivity of this specific sponsored project despite this significant financial interest	
12.	Description of how to monitor this specific sponsored project to ensure objectivity and research integrity despite this significant financial interest	
13.	Description of any supervisory role you have in this sponsored project	

I certify, to the best of my knowledge and belief, that the above questions have been answered correctly and that I will update and revise the answers as required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Description of Dean's Role

Describe the plans for providing administrative a oversight of the COI.	Ind financial
Dean Signature	Date