

PHS Financial Conflict of Interest (FCOI) Declaration
(Applicable ONLY to Public Health Service (PHS)-Supported Investigators)

Name: _____

Employee ID _____

Unit _____

Title: _____

Department _____

Appointment: Full Time or Part Time (____ %)
 Nine-Month or Twelve-Month

This PHS FCOI Declaration (and related applicable documents) must be filed by each Investigator who is planning to participate in PHS-funded research (and those of the investigator's spouse and dependent children) no later than at the time of application for PHS-funded research, and at least annually. Additional PHS FCOI Declaration forms shall be filed for new Significant Financial Interests (SFI) and updated information from a previously disclosed SFI, as soon as such situations become known, and in any instance, not later than thirty (30) days after discovery or acquisition of the SFI.

Direct any questions about Conflict of Interest or filling out this form to info@celleng-tech.com.

Please check one: Annual FCOI Declaration
 Additional FCOI Declaration (to report information not reported on annual FCOI Declaration)

Definitions: For purposes of the questions and statements below, the following definitions apply.

- "Remuneration" includes salary and any payment for services not otherwise identified as salary, e.g., consulting fees, honoraria, paid authorship.
- "Equity interest" includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.
- "Institutional responsibilities" are as defined [by CET FCOI Policy](#): they include professional responsibilities on behalf of CET, including without limitation, research, research consultation, teaching, directed and non-directed service, professional practice, institutional committee memberships, service on panels such as institutional review boards or data and safety monitoring boards, and other administrative/programmatic service committees or panels.
- "Investigator" includes any employee, regardless of title or position, who has the ability to make independent decisions related to the design, conduct, or reporting of University research.
- "Reimbursed Travel" occurs when an employee, spouse and/or dependent children are directly reimbursed for travel expenses.
- "Sponsored Travel" is when funds are paid on behalf of an employee, spouse and/or dependent children by a third party, for travel expenses.

Please answer the following questions (first, see definitions above):

1. **Publicly Traded Companies (remuneration and equity):** Does the value of any remuneration received by you, your spouse, and/or your dependent children, from a publicly-traded company in the 12 months preceding this disclosure AND the value of any equity interest in that company held by you, your spouse, and your dependent children, when aggregated, exceed \$5,000?

No Yes If you answered "no", please proceed to question #2.

If you answered “yes” to the question above: Is any such remuneration and/or interests in any way related, or appear to be related, to your institutional responsibilities?

No Yes

**If you answered yes to both parts of Question 1, please fill out the PHS Supplemental Disclosure Statement, and if applicable, a Financial Conflict of Interest Management Plan.

2. **Non-Publicly Traded Companies (remuneration):** Does the value of any remuneration received by you, your spouse, and/or your dependent children, from a non-publicly traded company in the 12 months preceding this disclosure, when aggregated, exceed \$5,000?

No Yes If you answered “no”, please proceed to question #3.

If you answered “yes” to the question above: Is any such remuneration in any way related, or appear to be related, to your institutional responsibilities?

No Yes

**If you answered yes to both parts of Question 2, please fill out the PHS Supplemental Disclosure Statement, and if applicable, a Financial Conflict of Interest Management Plan.

3. **Non-Publicly Traded Companies (equity):** Do you, your spouse, and/or your dependent children, hold or own any equity interest in a non-publicly traded company?

No Yes If you answered “no”, please proceed to question #4.

If you answered “yes” to the question above: Is any such interest in any way related, or appear to be related, to your institutional responsibilities?

No Yes

**If you answered yes to both parts of Question 3, please fill out the PHS Supplemental Disclosure Statement, and if applicable, a Financial Conflict of Interest Management Plan.

4. **Intellectual Property:** Have you, your spouse, and/or your dependent children received income related to intellectual property rights and interests (e.g., patents, copyrights), other than intellectual property rights assigned to CET?

No Yes If you answered “no”, please proceed to question #5.

If you answered “yes” to the question above: Is any such interest in any way related, or appear to be related, to your institutional responsibilities?

No Yes

**If you answered yes to both parts of Question 4, please fill out the PHS Supplemental Disclosure Statement, and if applicable, a Financial Conflict of Interest Management Plan.

5. **Travel:** Have you, your spouse, and/or your dependent children received any sponsored or reimbursed travel related to your institutional responsibilities? Please review the definitions of sponsored and reimbursed travel in the “definitions” section above before answering this question.

No Yes If you answered “no”, please proceed to the next portion of this form.

If you answered "yes" to question 5, consider if you need to report Sponsored/Reimbursed Travel:

Sponsored and Reimbursed Travel is EXEMPT from reporting when reimbursement is received from or travel is sponsored by a federal, state or local government agency, an institution of higher education, an academic teaching hospital, or a medical center or research institute that is affiliated with an institution of higher education WITHIN the United States of America. All travel sponsored or reimbursed from an entity outside the United States must be reported. In addition, investigators must disclose reimbursed and sponsored travel for the previous 12 month period at the time of application for PHS sponsored funding.

Have you received Sponsored or Reimbursed Travel that is not exempt and therefore must be reported?

No Yes

If you answered "yes", please complete the Sponsored & Reimbursed Travel Form for each occurrence of sponsored or reimbursed travel and attach to this declaration.

Please note: For this and future reimbursed or sponsored travel, you must submit reports within 30 days of any completion of travel, and if applicable, a Financial Conflict of Interest Management Plan.

Investigators: List all other individuals, regardless of title or position, who are in any way responsible for the design, conduct or reporting of research in which you are participating that is funded by the Public Health Service (including any related or sub-entity of PHS). Include full name and email address. Attach additional sheets, if necessary.

Conflict of Interest Training is done through [CITI Program](#). Conflict of Interest Training was completed on _____ and expires on _____.

DECLARATION:

I, _____, declare that this declaration of financial interest and potential conflict of interest has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement. I have received a copy of the federal regulations [42 CFR Part 50](#), and [45 CFR Part 94](#). I have undergone the required Conflict of Interest training from [CITI Program](#), as required in [CET FCOI Policy](#). I am in compliance with federal conflict of interest policies and regulations. Also, I understand that the applicable policy states that failure to file this statement as required or intentionally filing a false statement may result in disciplinary action. Any changes to this statement, or new information related thereto, will be reported prior to any PHS-supported proposal submission, and at any time, on an ad hoc basis, as soon as practicable upon discovery and/or acquisition.

Signature Date Employee ID #

Please route through the following administrators for review and acceptance:

ACCEPTED: _____
Immediate Supervisor Date

ACCEPTED: _____
Department/Unit Head Date

ACCEPTED: _____
Dean/Appropriate Vice President Date

ACCEPTED: _____
President Date