

To be completed and submitted by employees who are engaged in, or propose to be engaged in, research activities. A separate form must be completed and submitted for each research activity.

The purpose of this form is to identify and evaluate potential Conflicts of Interest related to Sponsored Research in compliance with federal and state law and institutional policies.

Please review carefully the definitions of the words in **bold and italicized**.

"Significant Financial Interests" means anything of monetary value, including but not limited to salary or other payments for services (e.g. consulting fees or honoraria); equity interests (e.g. stocks, stock options or other ownership interests); intellectual property rights (e.g. patents, copyrights and royalties from such rights).

The term, "Significant Financial Interest" **does not** include the following:

1. Salary, royalties or other remuneration from the Cambridge Health Alliance;
2. Income from seminars, lectures, or teaching engagements sponsored by public or non-profit entities;
3. Income from services on advisory committees or review panels for public or nonprofit entities;
4. Equity interest that when aggregated for the investigator and the investigator's spouse and dependent children, meets both of the following tests: does not exceed \$10,000 in value as determined through reference to public prices or other reasonable measures of fair market value, and does not represent or represent more than a 5% ownership interest in any single entity; and
5. Salary, royalties or other payments that, when aggregated for the investigator and the investigator's spouse and dependent children, are not expected to exceed \$10,000 over the subsequent twelve month period.

However, the term Significant Financial Interest **does** include the following:

1. Payments in excess of \$10,000 including salary, consulting fees, royalty or licensing payments from intellectual property, honoraria and/or gifts received within the past 12 months or anticipated for the next 12 months (excluding salary and other payments for services from Cambridge Health Alliance);
2. Equity interest worth more than \$10,000 or more than 5% of the business entity as determined by reference to its publicly listed price (excluding mutual funds);
3. Any equity interest if the value cannot be determined by reference to publicly listed prices (e.g., start up companies);
4. A position as director, officer, partner, trustee, employee, or any other position of management; or
5. Patent rights or royalties from such rights whose value may be affected by the outcome of the research, including royalties under any royalty-sharing agreement involving Cambridge Health Alliance.

Name:

Role in Project: Principal Investigator Co-Investigator Other Key Personnel

Title of Research Project:

Grant # (if known):

Project Period:

I am submitting this COI to: Office of Sponsored Research IRB Office

A. Statement of Intent

- Apply for initial funding
- Apply for funding renewal (competing or non-competing)
- Apply for IRB approval
- Reflect a change in financial interest on a project in progress

B. Disclosure:

DO YOU (including your spouse and dependent children) have, or since you last disclosed, have a *Significant Financial Interest* or financial benefit in cash or in kind from a Business, the activities of which relate in any way to your research activities as an employee of Cambridge Health Alliance.

- Yes If yes, proceed to Item C.
- No If no, **proceed to Item K.**

C. Entity in which you are reporting an Interest:

This statement discloses an interest in:

- The sponsor (Please identify in section D)
- A competitor of the sponsor (Please identify in section E)

Is this entity in which you are reporting an Interest is which of the following?

- Yes No A privately-held company?
- Yes No A publicly-held company?

D. Sponsor Information:

Sponsor's Name:

Sponsor's Principal Business:

Amount of Funding: \$

- Estimated Amount Actual Amount

E. Competitor of Sponsor Information:

Competitor's Name:

Competitor's Principal Business:

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|---|
| Sections F - J relate to the entity identified in sections D and/or E. |
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F. Income Disclosure:

Have you or your family individually or in aggregate received any payments such as salary, consulting fees, and/or gifts) exceeding \$10,000 from this entity within the past 12 months or do you anticipate such payments in the next 12 months?

- Yes If yes, indicate amount \$
 No

G. Interest/Equity Disclosure:

Do you or your family individually or in aggregate own or have interest in this entity whose value exceeds \$10,000 as determined by reference to publicly listed prices.

- Yes If yes, indicate amount \$
 No

H. Management Disclosure:

Check the management/employment position(s) that you hold in this company

- Director Officer (President, Vice President, etc.)
 Owner Partner Employee Consultant

Other (specify position or title):

Check the management/employment position(s) that you hold in this company

- Director Officer (President, Vice President, etc.)
 Owner Partner Employee Consultant

Other (specify position or title):

I. Intellectual Property Disclosure:

Do you and/or your family own or have intellectual property rights (e.g., patents, copyrights, or royalties from such rights) whose value may be affected by the outcome of this research

- Yes If yes, indicate amount \$
 No

J. Other:

Is there anything not disclosed above which you believe might constitute a conflict of interest or an appearance of a conflict of interest in connection with the project? Yes No

If yes, please describe.

K. Verification:

I declare that I have used all reasonable diligence in preparing this Statement of Financial Interest in the Conflict of Interest Disclosure Form and that to the best of my knowledge, it is true and complete.

Signature

Date

IRB Office:

Conflict of Interest: Yes No

Form Reviewed by: _____