



**Financial Conflict of Interest (FCOI) in Public Health Service (PHS)
Funded Research (the "Directive")**

This form is to be completed in conjunction with the Directive.

Date (dd/mmm/yy):		PHS Awarding Component and Grant No. (if known):	
Name of Project Director (PD) /Principal Investigator (PI):		Name of Investigator:	
Proposed Role or Role of Investigator in NIH/PHS/HHS Project:			
Name of Company/Individual/Entity in which the Investigator, his/her Spouse or his/her Dependent Child has a Significant Financial Interest:			

Title of Research _____ investigator _____
 the US regulations 42 CFR Part 50 and 45 CFR Part 94, as reflected in the Procedure, a copy of which is

<p>or spouse dependent Child has a significant financial interest involving me/my company. indicating your agreement with each statement: I authorize the University's Designated Official to disclose all information collected on the Disclosure and Consent Form (the "Form"—a copy of which is attached to this Informed Consent) for the person named in 2, above, respecting me or my entity to the Public Health Service (PHS) for the purpose of compliance with the regulations 42 CFR Part 50 and 45 CFR Part 94. I authorize the Designated Official to disclose the information on the Form to any personnel of the University as requested by the Designated Official in order for that Designated Official to assess, in accordance with the regulations, whether the significant financial interests disclosed on the Form constitute financial conflicts of interest. If the Designated Official determines that any significant financial interest that is disclosed on the Form constitutes a financial conflict of interest, I further voluntarily authorize the University's Designated Official to post any or all information disclosed on the Form pertaining to that financial conflict of interest on a public website or release it in response to a request pursuant to the Freedom of Information Act. For the following dates (dd/mmm/yy): _____ to _____ (from the date at which the form was signed to 3 years post study completion)</p>	
<p>NOTE: Consents may be revoked at any time by so indicating in writing to the Designated Official.</p>	

Signature	Please Print Name	Date signed