**Pontificia Universidad Javeriana Financial Conflict of Interest Form (FCOI Form)**

Persons completing this form are expected to have read the referenced **PUJ Guideline for the Management of FCOI**.

Separate Disclosure Forms must be completed for each person engaged in a key role on the proposed sponsored project.

DISCLOSURE MUST BE MADE

1. At the time of application for the funded research,

2. Annually throughout the duration of the award period,

3. Within 30 days of discovering or acquiring (e.g., through purchase, marriage, inheritance) a Significant Financial Interest (SFI)

**Which of the following reasons is this declaration made for?**

|  |  |  |
| --- | --- | --- |
| i. | I am applying for/involved in an application for NIH funding | o |
| ii. | I have discovered or acquired (e.g., through purchase, marriage, or inheritance) a new Significant Financial Interest (declaration must be made within 30 days) | o |
| iii. | I am making an annual declaration |  |

**FINANCIALLY SUPPORTED PROJECT TITLE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF FUNDING ORGANIZATION AND FOA# OR NOA#:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Investigator Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department & Faculty/Institute:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions**

1. Do you, your spouse or child(ren) hold a position of management, such as board member, director, officer, partner, trustee, employee, or consultant with a sponsor, a vendor, or (sub) contractor related to the sponsored program activity?

Yes No.

If yes, please describe on a separate page the nature, extent of your affiliation and complete the Table 1 at the end of this document.

1. Disclosure Publicly Traded Entity: Within any 12-month period, did you or your spouse or child(ren) received or anticipate receiving remuneration and the value of any equity interest in the entity exceeding USD $5,000 when aggregated. Remuneration comprises salary and any other payments for services (e.g., consulting fees, honoraria, paid authorship).

Yes No.

If yes, please describe on a separate page the nature, extent of your affiliation and complete the Table 1 at the end of this document.

1. Disclosure any Non-Publicly Traded Entity: Within any 12-month period, did you or your spouse or child(ren) received or anticipate receiving remuneration and the value of any equity interest in the entity exceeding USD $5,000 when aggregated. Remuneration comprises salary and any other payments for services (e.g., consulting fees, honoraria, paid authorship).

Yes No.

If yes, please describe on a separate page the nature, extent of your affiliation and complete the Table 1 at the end of this document.

1. Do you, or your spouse or dependent child(ren), during the last 12 months have any reimbursed or sponsored travel expenses exceeding USD $5,000 (excluding travel sponsored by Federal, state, or local government agencies in the United States, United States institutions of higher education, academic teaching hospitals, medical centers, or research institutes affiliated with United States institutions of higher education)?

Yes No.

If yes, please describe on a separate page the nature, extent of your affiliation and complete the Table 1 at the end of this document.

1. Do you or your spouse or dependent child(ren) currently, or during the last 12 months have any income exceeding USD $5,000 derived from intellectual property rights (e.g., patents, copyrights)?

Yes No.

If yes, please briefly describe the nature of the technology, including patent of copyright numbers and complete the Table 1 at the end of this document.

1. Is it reasonable to expect that your financial interest could directly and significantly affect the design, conduct, or reporting of your sponsored program activity?

Yes No.

If yes, please describe on a separate page the nature, extent of your affiliation and complete the Table 1, at the end of this document.

**Table 1.**

|  |  |
| --- | --- |
| **Name of the entity with which the Investigator has a potential FCOI** |  |
| **Nature of the financial interest** (e.g., equity, consulting fee, travel reimbursement, honorarium)  For sponsored travel reimbursement, the minimum information to include is the nature of the trip, name of the sponsor/organizer, destination, duration |  |
| **Estimated value of the financial support** |  |

Please provide any additional information here:

**Investigator Certification:**

* 1. I certify that I have read the Pontificia Universidad Javeriana Guidelines for the Management of Financial Conflict of Interest for Research Funded by the U.S. Public Health Service Requirements (including NIH).
  2. I certify that I made all required financial disclosures and that I will update those financial disclosures annually, during the course of the grant or if any circumstances regarding a conflict-of-interest change.
  3. I have made every effort to ensure that all Investigators responsible for the design, conduct, or reporting of the research have submitted the required disclosures

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

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

**Special Notes (if any):**

I have reviewed the above with the principal investigator (to be signed by the corresponding instance that has reviewed the disclosure).

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

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