

FIND1 FINANCIAL INTEREST DISCLOSURE FORM FOR BMC (ALL) AND BU (PHS FUNDED) RESEARCH

This information is being requested in accordance with federal regulations and must be filled out if you will be **responsible** for the design, conduct, reporting of any Boston Medical Center (BMC) research activities or Boston University (BU) research activities funded by any of the below agencies/organizations (not including Phase 1 SBIR/STTR awards). "Research" may include activities not included under the colloquial definition. See BU and BMC policies for the definition of "research" - <http://www.bu.edu/orc/coi/policies-regulations/>. FAQs are addressed here: <http://www.bu.edu/orc/coi/faqs/>

- Administration for Children and Families (ACF)
- Administration on Aging (AoA)
- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Alliance for Lupus Research
- American Cancer Society
- American Heart Association
- American Lung Association
- Arthritis Foundation
- Centers for Disease Control and Prevention (CDC)
- CurePSP
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- Juvenile Diabetes Research Foundation (JDRF)
- Lupus Foundation of America
- **National Institutes of Health (NIH – 27 institutes/centers)**
- Office of Global Affairs (OG)
- Office of the Assistant Secretary for Health (OASH)
- Office of the Assistant Secretary for Preparedness and Response (ASPR)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Susan G. Komen Foundation

This initial disclosure is due no later than the final submission of the grant application. After this form is submitted, you will receive an email invitation to an online training course consisting of slides and a short quiz. If you already have a BU ID, and have access to Blackboard Learn at learn.bu.edu, you may be able to access the training without invitation. Search for "Financial Interest Disclosure Training" after navigating to learn.bu.edu. If you check "Yes" to any of the first 4 questions on page 2, complete the appropriate/corresponding sections on pages 4-7. Send all forms to coi@bu.edu or click "Submit". Also, **if you are not the PI, this disclosure is in association with human subjects research, and you indicated "yes" below - tell your principal investigator (actual financial interests not needed, just that you checked "yes"), as he/she is required to indicate this in the IRB application.**

A. BASIC INFORMATION

Full Name: _____

Project Role: _____ Email: _____

Home Institution: _____ School/Dept.: _____

Full Project Title: _____

BU/BMC PI: _____ Awarding Agency: _____

Prime Recipient Institution: _____ Subrecipient (if any): _____

Non-BU/BMC Subrecipient institution (if any) is: following its own COI policy choosing to follow BU/BMC's COI policy
This is established in the Letter of Intent – See your OSP/OGA administrator for details.

Requested Budget Period (MM/DD/YYYY): _____ **to** _____ Total Budget Period (MM/DD/YYYY): _____ **to** _____

Award number (if known): _____

BU/BMC Grant Admin Office: BU-CRC (OSP) BU-MED (OSP) BMC (OGA) Other (e.g., Dept.): _____

B. QUESTIONS

I. OUTSIDE REMUNERATION. In the last 12 months did you, your spouse or dependent children receive any remuneration, related to the research or not, that reasonably appears to be related to your institutional responsibilities? Yes No

- “**Remuneration**” includes salary and any payment for services not otherwise identified as salary, e.g., consulting fees, honoraria, paid authorship fees.
- You may check “**No**” if the total outside remuneration received from each individual entity is less than \$5,000.
- Do **not** include the following: (i) salary, royalties, or other remuneration paid by BU or BMC to you, your spouse, or your dependent child, if the recipient is currently employed or otherwise currently holding an appointment at such institution; and (ii) income from seminars, lectures, teaching engagements, service on advisory committees or review panels that are reimbursed or sponsored by a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.
- “**Institutional responsibilities**” means an investigator’s professional responsibilities on behalf of BU and/or BMC, including but not limited to research, research consultation, teaching, professional practice, and administration such as service on committees, boards and panels.

II. REIMBURSED OR SPONSORED TRAVEL. In the last 12 months, have you, your spouse or dependent children received reimbursement or sponsorship for travel, related to the research or not, that reasonably appears to be related to your institutional responsibilities? Yes No

- Sponsored travel** is that which is paid on your behalf (or on behalf of your spouse or dependent children) and not reimbursed so that the exact monetary value may not be readily available.
- Do **not** include travel expenses that are reimbursed or sponsored by a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.
- You may check “**No**” if your reimbursed or sponsored travel from each individual entity does not exceed \$5,000.

III. EQUITY INTERESTS. In the last 12 months, did you, your spouse or dependent children hold equity interests in a publicly or non-publicly traded entity, related to the research or not, that reasonably appears to be related to your institutional responsibilities? Yes No

- Equity interests include any stock, stock options or other ownership interests.
- Do **not** include income from investment vehicles, such as mutual funds and retirement accounts if you, your spouse, or dependent children do not directly control the investment decisions made in these vehicles.
- You may check “**No**” if the aggregate value of equity interests in a publicly traded entity is less than \$5,000 based on public prices or other reasonable measures of fair market value.
- You must check “**Yes**” if any equity interest in a non-publicly traded entity is held.

IV. ROYALTIES OR OTHER INCOME RELATED TO IP. In the last 12 months, have you, your spouse or dependent children received royalties or other income related to intellectual property interests (e.g., patents, copyrights), related to the research or not, that reasonably appear to be related to your institutional responsibilities? Yes No

- This does **not** include intellectual property rights assigned to BU or BMC and agreements to share in royalties related to such rights (e.g., royalties received under the relevant Patent Policy).
- You may check “**No**” if the royalties or other income related to IP rights and interests do not exceed \$5,000, per interest, and for all interests.

C. CERTIFICATION

I certify that the above information is complete and true to the best of my knowledge and that I have read the Boston University or Boston Medical Center conflict of interest policies. **I acknowledge that I am responsible for submitting updates to this information annually and also within 30 days of discovering or acquiring (e.g. through purchase, marriage, or inheritance) any new financial interest. If any information is found to be incomplete or inaccurate, I will promptly submit a correction.**

Signature:

Date:

Transmittal options: (1) Type your name in the above signature box and use the submit button to email
 (2) Sign by hand in the signature box and either scan and email to coi@bu.edu or fax to 617-414-4738

I. OUTSIDE REMUNERATION. (Fill this out if you answered "Yes" to question I on page 2 of this form)

If, in the last 12-months, you, your spouse or dependent children received any remuneration that reasonably appears to be related to your institutional responsibilities, whether related to the research or not, please fill out the chart below, detailing those interests.

"Remuneration" includes salary and any payment for services not otherwise identified as salary, e.g., consulting fees, honoraria, paid authorship fees.

If the total outside remuneration received from an entity is less than \$5,000, you may leave it out.

Also, do **NOT** include the following:

- (i) salary, royalties, or other remuneration paid by BU or BMC to you, your spouse, or your dependent child, if the recipient is currently employed or otherwise currently holding an appointment at such institution; and
- (ii) income from seminars, lectures, teaching engagements, service on advisory committees or review panels that are reimbursed or sponsored by a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

A.

Recipient of \$ (Name, relationship to you)	Type of Remuneration (e.g., consulting fees, honoraria)	Short description of services provided	Paid By (Entity Name)	Amount in the last 12 months
				\$
				\$
				\$
				\$
				\$
				\$
				\$

B. Questions:

- Is the research receiving any kind of support ("in kind" or monetary) from any of the **entities** listed above?
Yes No
- Do any of the above entities have pre-publication access to results of the research?
Yes No
- Do any of the above entities have proprietary access to intellectual property coming out of the research?
Yes No
- Might new intellectual property result from the research that would potentially be of interest to any of the above entities?
Yes No
- Does the research involve intellectual property owned or licensed by an entity listed above?
Yes No
- Could any of the above remuneration reasonably appear to be affected by the research?
Yes No



II. REIMBURSED OR SPONSORED TRAVEL. (Fill this out if you answered "Yes" to question II on page 2 of this form)

If, in the last 12 months, you, your spouse or your dependent children have received reimbursement or sponsorship for travel that reasonably appears to be related to your institutional responsibilities, whether related to the research or not, please fill out the chart below, detailing those interests.

Sponsored travel is that which is paid on your behalf (or on behalf of your spouse or dependent children) and not reimbursed so that the exact monetary value may not be readily available.

Do not include travel expenses reimbursed or sponsored by a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

If reimbursed or sponsored travel from a single entity over the past 12 months does not exceed \$5,000 you may omit it.

For any changes to this information, or new trips in the next 12 months, you must submit a new form within **30 days** of returning from the trip. You may but are not required to provide information on anticipated travel in the space below. If more space is needed, please attach additional pages of this form.

A.

Traveler (Name, relationship to you)	Year of Travel	Sponsor/Organizer of Travel	Duration	Destination	Purpose (e.g., Scientific meeting, research collaboration, professional service, professional development, data collection)

B. Questions:

- Is the research receiving any kind of support ("in kind" or monetary) from any of the entities listed above?
Yes No
- Do any of the above entities have pre-publication access to results of the research?
Yes No
- Do any of the above entities have proprietary access to intellectual property coming out of the research?
Yes No
- Might new intellectual property result from the research that would potentially be of interest to any of the above entities?
Yes No
- Does the research involve intellectual property owned or licensed by an entity listed above?
Yes No

III. EQUITY INTERESTS. (Fill this out if you answered "Yes" to question III on page 2 of this form)

If, in the last 12 months, you, your spouse or your dependent children held equity interest(s) in a publicly or non-publicly traded entity that reasonably appears to be related to your institutional responsibilities, whether related to the research or not, please fill out the chart below, detailing those interests.

Equity interests include any stock, stock options or other ownership interests.

Do/did not include income from investment vehicles, such as mutual funds and retirement accounts if you, your spouse, or dependent children do not directly control investment decisions made in these vehicles.

If the aggregate value of any equity interests in a publicly traded entity is less than \$5,000 based on public prices or other reasonable measures of fair market value, you may leave it out.

If any equity interest in a non-publicly traded entity is held, you must disclose it below.

A.

Holder of Equity Interest (Name, relationship to you)	Type	If stock options, are they currently exercisable? (y/n)	Name of Entity Stock/Options are Held in	Entity publicly traded on a stock exchange? (y/n)	Number of Shares	Market Value of Shares	Percentage of ownership
							%
							%
							%
							%
							%
							%
							%

B. Questions:

- Is the research receiving any kind of support ("in kind" or monetary) from any of the entities listed above?
Yes No
- Do any of the above entities have pre-publication access to results of the research?
Yes No
- Do any of the above entities have proprietary access to intellectual property coming out of the research?
Yes No
- Might new intellectual property result from the research that would potentially be of interest to any of the above entities?
Yes No
- Does the research involve intellectual property owned or licensed by an entity listed above?
Yes No
- Could any of the equity *interests*, above, reasonably appear to be affected by the research?
Yes No
- Could any of the *entities*, above, reasonably appear to be affected by the research?
Yes No

IV. ROYALTIES/INCOME RELATED TO INTELLECTUAL PROPERTY

(Fill this out if you answered "Yes" to question IV on page 2 of this form)

If you, your spouse or dependent children received royalties or other income related to intellectual property rights and interests (e.g., patents, copyrights) that reasonably appear to be related to your institutional responsibilities, whether related to the research or not, please fill out the chart below, detailing those interests.

This does not include intellectual property rights assigned to BU or BMC and agreements to share in royalties related to such rights (e.g., royalties received under the relevant Patent Policy).

You may omit royalties or other income related to these rights and interests that do not exceed \$5,000 over the past 12 months.

A.

Receiver of Royalties (Name, relationship to you)	Type	Government ID number	Subject Matter of IP (describe it)	Owned by (name)	Inventor(s) (names)	Total \$ received in the last 12 months
						\$
						\$
						\$
						\$
						\$
						\$
						\$

B. Questions:

- Is the research receiving any kind of support ("in kind" or monetary) from any of the entities listed above in the "Owned by" field?
Yes No
- Do any of the above entities have pre-publication access to results of the research?
Yes No
- Do any of the above entities have proprietary access to intellectual property coming out of the research?
Yes No
- Is any of the above intellectual property involved in the research?
Yes No
- Might new intellectual property result from the research that would potentially be of interest to any of the above entities?
Yes No
- Could any of the royalties, above, reasonable appear to be affected by the research?
Yes No
- Could the financial interests of any of the above entities in the "Owned by" field, reasonably appear to be affected by the research?
Yes No