



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Conflict of Interest Request for Information

Upon written request to Boston Medical Center’s Office of Compliance, information will be provided concerning a specific significant financial interest (SFI) disclosed to Boston Medical Center and meeting the following criteria:

- The SFI was disclosed and is still held by Senior/Key Personnel;
- The Institution has determined that the SFI is related to the PHS-Funded Research; and
- The Institution has determined that the SFI is a Financial Conflict of Interest

This form may be submitted via email to COI-Compliance@bmc.org or by standard mail to the Office of Compliance, Conflicts of Interest, Doctors Office Building 6th floor, 720 Harrison Avenue, Boston, MA 02118. Responses will be returned within five (5) business days from when the Office of Compliance receives the request.

For more information about Boston Medical Center research conflict of interest policies go to <https://www.bmc.org/sites/default/files/Research/Significant-Financial-Conflict-Of-Interest-In-The-Conduct-Of-Research.pdf>. If you need assistance in spelling the name of the Senior/Key personnel, please go to <http://projectreporter.nih.gov/reporter.cfm> or <http://report.nih.gov/index.asp>

REQUESTER INFORMATION

Last Name: _____ First Name: _____
 Email: _____ Phone: _____

If hard copy is desired
 Mailing Address Line 1: _____
 Mailing Address Line 2: _____
 Mailing Address Line 3: _____
 Mailing Address Line 4: _____

INFORMATION REQUESTED

Name of Senior/Key Personnel holding the SFI: _____
 Significant financial interest:
 (e.g., name of the entity in which the SFI is held, nature of the interest, etc; see the definitions at <https://www.bmc.org/sites/default/files/Research/Significant-Financial-Conflict-Of-Interest-In-The-Conduct-Of-Research.pdf>.)

SIGNATURE

 Requester Signature _____ Date _____