

ODU Significant Financial Interests Report

This report must be filed by all “Key Personnel” on NIH and other PHS applications (as well as for applications to other organizations that have adopted the PHS FCOI standard) **BEFORE** those applications will be submitted by ODURF.

This report must be updated by all “Key Personnel” **BEFORE** an NIH or other PHS award is accepted by ODURF on behalf of ODU.

For “Key Personnel” on active NIH and other PHS projects, the SFI report must be completed annually and updated within 30 days of any new SFI event. In addition, all “Key Personnel” must have completed FCOI training through the online CITI module (www.citiprogram.org) with documentation on file. Training must be repeated every four years. The training will provide guidance in responding to the questions below.

The ODU Research Conflicts of Interest policy corresponds with the mandate of PHS regulations:

<http://www.odu.edu/content/dam/odu/policies/university/5000/univ-5201.pdf>

<http://grants.nih.gov/grants/policy/coi/>

If there is insufficient space to include all your SFI's in one report please submit a second report with those relationships that did not fit in the first submission.

All fields are mandatory.

Name: _____
Email: _____

I am reporting on activities:

___ for the 12 months preceding today (new proposal or annual update)

___ as an addendum to the most recent reports for all projects (new SFI since last disclosure)

Please answer the questions below:

Yes___ No___ **Compensation:** Have you or a member of your family (spouse and dependent children) received compensation greater than \$5,000 from a for-profit entity in your area of academic expertise for activities such as consulting, expert witness, advisory board membership, and the like?

Yes___ No___ **Equity:** Do you or a member of your family (spouse and dependent children) own stock or hold stock options with a publicly-traded or privately-owned entity related to the Investigator's institutional responsibilities valued at greater than \$5,000?

Note: This does not include income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles.

Yes___ No___ **Role:** Do you or a member of your family (spouse and dependent children) serve as a director, trustee, officer or other key employee in your area of academic expertise in a for-profit corporation, partnership, business, or other entity outside of Old Dominion University or Old Dominion University Research Foundation?

Yes___ No___ **Intellectual Property:** Do you or a member of your family (spouse and dependent children) have rights to and/or receive royalties from intellectual property (including patents, copyrights, and trademarks but excluding academic or scholarly works) licensed to and/or owned by a for-profit entity valued at greater than \$5,000? Do NOT include intellectual property owned or managed by Old Dominion University or the Old Dominion University Research Foundation.

Yes___ No___ **Travel:** Have you or a member of your family (spouse and dependent children) been reimbursed for travel or participated in sponsored travel (i.e., that which is paid on behalf of you and not reimbursed), related to your institutional responsibilities valued at more than \$5,000 from a single entity or company?

Note: This excludes travel that is reimbursed or sponsored by a federal, state, or local government agency, ODU, ODURF, or another Institution of higher education.

Comments or explanatory information for any “Yes” answers above:

Certification:

I have read and understand Old Dominion University’s policy on Conflict of Interest in PHS Funded Projects and have completed this report to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by Old Dominion University to manage any real or perceived conflicts. Should my outside financial or managerial interests, or those of my Family, change in a way that results in different answers to any of the questions asked in this report, I agree to submit a revision.

___ Check this box to agree to the terms above

Signature: _____

Date: _____