



CONFIDENTIAL

**Lifespan Research Conflict of Interest Committee
Research COI Part II (Secondary Disclosure Form)**

The purpose of this form is to collection further information about a significant financial interest (SFI) that you have disclosed. The information you will provide will be furnished to the *Lifespan Research Conflict of Interest Committee (LRCOIC)* which is the Lifespan entity responsible for reviewing disclosure reporting forms and secondary disclosure forms; the LRCOIC determines whether a significant financial interest is related to the investigator's research and whether it constitutes a financial conflict of interest (FCOI). Once an FCOI has been identified, the LRCOIC recommends to the Senior Vice President for Research a management plan and mechanisms to implement and monitor the plan and appropriate reporting to PHS entities if applicable.

Investigator's Name:

Title:

Department Name:

Department Chairperson or Academic Officer Name:

Date:

At this time, Lifespan requests information about your significant financial interests relating to your Institutional Responsibilities. Institutional Responsibilities means an investigator's professional responsibilities on behalf of Lifespan including teaching, research, administration, and clinical care. With that complete information, the LRCOIC can review your relationships in a total context and the decision rendered by the LRCOIC will be valid for one year unless you have other significant conflicts of interests to disclose.

An updated disclosure must be made any time that a new SFI is discovered or acquired (e.g., through purchase, marriage, or inheritance) by an investigator. Such updated disclosures must be made promptly (or within thirty (30) days for PHS funded Investigators) of discovering or acquiring the new interest.

Check One:

- Annual Reporting/Renewal
- New Significant Financial Interests

SECTION I:

If a relationship with more than one significant financial interest exists, please copy and paste this

section into the form as many times as necessary to address each sponsor.

A. Disclosure

Title of Project Involved, if applicable:

Sponsor of Project Involved, if applicable:

1. Description of Conflict

a. Who has the conflict?

- Principle Investigator (PI) or Investigator
- PI's or Investigator's immediate family. Specify:

b. Nature of the relationship:

Entity Name	Disclosure Type (check all that apply)	Do these interests relate to the above-referenced funded project? Please provide and explanation for your response:
<input type="checkbox"/> Publicly Traded <input type="checkbox"/> Non-Publicly Traded For new Significant Financial Interests (SFI), did you acquire the interest in the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income: (specify amount) \$ _____ <input type="checkbox"/> Stock and/or Stock Options Number of shares: _____ Estimate of current stock value: \$ _____ Estimate of issued and outstanding shares by %: _____ <input type="checkbox"/> IP (royalties, license fees, etc.): <input type="checkbox"/> Consulting fees, honoraria, service on advisory committees, speakers' bureau, paid authorship, and other financial arrangements, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:

2. Relationship to the research

a. How is the organization or business noted above related to the research?

b. Could the financial relationship described above be affected by the outcome of the study?
 Yes No

Explain:

c. Does the proposed research project include the Entity as a subcontractor, supplier of goods or materials, lessor or otherwise involved in the project?

Yes No

Explain:

3. Disclosure & Management

a. What mechanisms, if any, do you have in place to manage any potential conflict of interest (e.g., external data analysis, data safety monitoring, blinded trial)?

b. Is this financial relationship disclosed to human subjects in an approved consent form?

Yes No If yes, how?

c. How are human subjects enrolled in this study? Who reviews the exclusion/inclusion criteria and the subjects' test results?

d. Who will write the publications? How will unfavorable results be handled?

4. Other Information: Please furnish us with any other information that would be helpful in resolving the disclosed conflict of interest:

SECTION II:

Sponsored Travel:

Please report, (if applicable), Reimbursed or Sponsored Travel (that which is paid on behalf of the investigator and not reimbursed to the investigator so that the exact monetary value may not be readily available) – exclude travel that is reimbursed or sponsored by Federal, state, or local government agencies, an institution of higher education as defined by 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute affiliated with an institution of higher education **(add more lines as needed).**

ENTITY/SPONSOR	DESTINATION	DURATION	PURPOSE OF TRIP

SECTION III:

Signature:

I certify that this is a complete disclosure of my significant financial interests related to my institutional responsibilities and I have used all reasonable diligence in preparing this disclosure form, and to the best of my knowledge it is true and complete. I also acknowledge that it is my responsibility to disclose, within 30 days, any new significant financial interests. I have read and understood Lifespan policy ORA COI 001, and have completed the required Lifespan training.

Printed Name

Signature of Investigator

Date:

Reviewed by (Department Chairperson or Academic Officer):

Printed Name

Signature of Chairperson
Or Academic Officer

Date: