

INVESTIGATOR FINANCIAL INTEREST DISCLOSURE FORM

INSTRUCTIONS: In accordance with the NYU Langone Medical Center's [Policy on Conflicts of Interest in Research and Sponsored Programs](#) (REV. 8/1/14), all **Investigators** (e.g. coordinators and outside collaborators) participating in any Research Project must submit this Investigator Financial Interest Disclosure Form. This applies even if the person has no financial interest to disclose.

For your convenience, you can type your answers in the designated fields below, save, and print out the disclosure form. The completed forms must be submitted by the Principal Investigator with each research proposal at the time of submission to the pertinent Medical Center research office (e.g. the IRB, SPA, OCT, OIL, or IACUC).

To learn more about disclosure requirements and what constitutes a potential conflict of interest, please visit <http://cimu.med.nyu.edu/conflict-of-interest-coi-policy/conflicts-interest-research>.

NAME:	DEPARTMENT:	TELEPHONE:
PRINCIPAL INVESTIGATOR'S (PI) NAME (If other than listed above):		
PROPOSAL TITLE:		
SPONSOR:	IRB/SPA#:	Check here if # not assigned yet: <input type="checkbox"/>

✓ **STEP 1: RESEARCH PROJECT SPECIFIC DISCLOSURES – Please complete Sections I thru V.**

PART I. CONSULTING COMPENSATION & ROYALTY INCOME		
<p>Have you or a member of your Immediate Family received in the past calendar year or expected to receive in this or the next calendar year any Consulting Compensation and/or any Royalty Income from the research sponsor or other entity that may appear to affect or be affected by the conducted or outcome of the study?</p> <p>• I, or a member of my Immediate Family, receive or expect to receive Consulting Compensation and/or Royalty Income</p>	Yes —	No —
PART II. PAID OR REIMBURSED TRAVEL		
<p>Have you or a member of your Immediate Family received in the past calendar year or expected to receive in this or the next calendar year any paid or reimbursed travel from the research sponsor or other entity that may appear to affect or be affected by the conducted or outcome of the study? <i>(This does not include travel paid for gov't. agencies, teaching hospitals, medical centers or Inst. of Higher Ed)</i></p> <p>• I, or a member of my Immediate Family, receive or expect to receive paid or reimbursement travel</p>	Yes —	No —
PART III. OWNERSHIP INTERESTS		
<p>Do you or a member of your Immediate Family have Ownership Interests (e.g., stock, stock options or other equity interests) in the research sponsor or other entity that may appear to affect or be affected by the conducted or outcome of the study?</p> <p>• I, or a member of my Immediate Family, have Ownership Interests</p>	Yes —	No —
PART IV. OUTSIDE POSITIONS		
<p>Do you or a member of your Immediate Family hold an Outside Position (i.e., an appointment to serve in a paid or unpaid position (e.g. as a director, trustee, partner, senior executive, officer or employee)) in an entity that may appear to affect or be affected by the conduct or outcome of this study?</p> <p>• I, or a member of my Immediate Family, hold an Outside Position</p>	Yes —	No —
PART V. INTELLECTUAL PROPERTY RIGHTS		
<p>Do you or a member of your Immediate Family have any Intellectual Property Rights (i.e., rights in patents, copyrights, other licensing fees) (including those assigned to NYU) related to products or processes being used, or covering products or processes being used, in the study?</p> <p>• I, or a member of my Immediate Family, have applicable Intellectual Property Rights</p>	Yes —	No —

PLEASE READ ADDITIONAL INSTRUCTIONS & COMPLETE PAGE 2

✓ **STEP 2: ANNUAL DISCLOSURE CERTIFICATION – Please complete Section VI.**

PART VI. ANNUAL DISCLOSURE AND TRAINING CERTIFICATION * This section must be completed and updates made to your Annual Disclosure as needed.		
<ul style="list-style-type: none"> Have you submitted and/or updated your Annual Disclosure via the online reporting system in the last 12 months so that it includes all interests listed on this disclosure form? Do you participate in research sponsored by the Public Health Service (PHS) or other agencies that implement PHS COI regulations? If you participate in research subject to PHS COI regulations, have you completed NYULMC's PHS COI investigator training within the past 4 years? <p>* If no Annual Disclosure or no PHS COI training when required, please note that this Form will not be considered complete unless and until your Annual Disclosure and/or Training is completed. If you have not submitted an Annual Disclosure, please follow the instructions found at http://cimu.med.nyu.edu/forms/annual-disclosure for accessing, viewing and updating (if applicable) your online Annual Disclosure Form. If you have not completed training, please go to iDevelop, click the Course Catalog icon, enter "COI" in search box, and select the first listing, the Online Tutorial Format.</p>	<p>Yes ___ No ___</p> <p>Yes ___ No ___</p> <p>Yes ___ No ___</p>	<p>Yes ___ No ___</p> <p>Yes ___ No ___</p> <p>Yes ___ No ___</p>

✓ **STEP 3: ACKNOWLEDGEMENT & CERTIFICATION – Please complete Section VII below.**

PART VII. CERTIFICATION	
I certify that:	
<ul style="list-style-type: none"> I understand that the Medical Center requests the above information in order to comply with legal, regulatory and contractual requirements related to its research and sponsored programs, including obligations under regulations issued by the U.S. Government for grants funded by the NIH and other sponsoring agencies, and that the Medical Center will rely on this information in its submissions to the U.S. government, other regulatory bodies, sponsors and collaborators. The above information is complete and true to the best of my knowledge. I have read the <i>Policy on Conflicts of Interest in Research and Sponsored Programs</i>. I am responsible for submitting an updated Investigator Financial Interest Disclosure Form for each continuing review of this study. I am responsible for submitting an updated Annual Disclosure prior to any change in my financial or other interests related to my institutional responsibilities <u>and</u> an updated Investigator Financial Interest Disclosure Form prior to any change in my financial or other interests that may appear to affect or be affected by this study. 	
_____	_____
Signature of Investigator/Key Personnel	Date



BEFORE SUBMITTING THIS DISCLOSURE FORM, YOU MUST HAVE COMPLETED SECTIONS I thru VII ABOVE and COMPLETED SUPPLEMENTAL DISCLOSURE FORM (if applicable). Please read the instructions below to determine if you also need to submit additional information via the Supplemental Investigator Disclosure Form.

<p>SUPPLEMENTAL DISCLOSURE FORM * Must be submitted with the research project to the applicable OSR office if you checked "Yes" to any of the above questions.</p> <p>If you checked "Yes" to any of the above questions, you must provide additional detail regarding the entity involved, and the nature and amount of the interest for the applicable 12-month period via the Supplemental Investigator Financial Interests Disclosure Form found at http://cmu.med.nyu.edu/forms/investigator-financial-interest-disclosure-form.</p> <p>THE SUPPLEMENTAL DISCLOSURE FORM MUST BE INCLUDED WITH THE RESEARCH PROPOSAL, only if you have a financial interest to report. Failure to include the Disclosure Form when reporting a financial interest on this form will result in delays in the review process.</p> <p>CONFIDENTIALITY: Disclosures will be kept confidential and divulged by the Medical Center for review under the <i>Policies on Conflicts of Interest, Commitment and Consulting</i> on a need-to-know basis only.</p>
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