

**SUPPLEMENTAL**  
**INVESTIGATOR FINANCIAL INTEREST DISCLOSURE FORM**  
 Rev. Date 10/30/14

**INSTRUCTIONS:** Please complete this form only if you checked “Yes” to any of the questions on your Investigator Financial Interest Disclosure Form. As required by the NYU Langone Medical Center’s *Policy on Conflicts of Interest in Research and Sponsored Programs* (Rev. 8/1/14), the Investigator Financial Interest Disclosure Form is to be completed by all Investigators and all Key Personnel (e.g. coordinators and outside collaborators) participating in a Research Project and is to be submitted by the Principal Investigator with each research proposal to the appropriate Medical Center research office (e.g. the IRB, SPA, OCT, OIL, or IACUC). However, it is each person’s individual responsibility to provide the supplemental information that applies to the financial or other interest disclosed on his/her Investigator Financial Interest Disclosure Form.

Please be advised that you may be requested to provide additional information via email by the Conflicts of Interest Management Unit (CIMU) based on the information provided on this form. Failure to submit the Supplemental Information Form and/or to provide additional requested information in a timely fashion will result in a delay of the approval process for the proposed study.

Please visit the [CIMU website](#) at to learn more about the review and evaluation process relative to potential conflict of interest matters.

<b>NAME:</b>	<b>DEPARTMENT:</b>	<b>TELEPHONE:</b>
<b>PRINCIPAL INVESTIGATOR’S (PI) NAME (if other than listed above):</b>		
<b>PROPOSAL TITLE:</b>		
<b>SPONSOR:</b>	<b>IRB/SPA#:</b>	<b>Check here if # not assigned yet?</b>

**PART I. CONSULTING COMPENSATION & ROYALTY INCOME**  
 (\*To be completed if you checked “Yes” to either question in PART I of the Investigator Financial Interest Disclosure Form)

You indicated that you or a member of your Immediate Family received in the last 12-months or expect to receive within the next 12-months Consulting Compensation from the research sponsor or another entity that may affect, or appear to affect, the outcome of the study. As a result, please provide the following additional information requested in questions A-G:

<b>A. Provide name of entity you or your Immediate Family receives compensation from:</b>		
<b>B. Is this entity the sponsor of the research study?</b>  <i>*If no, please explain how this entity is related to the study (e.g. makes competing drug/device):</i>	<b>Yes</b>	<b>No*</b>
<b>C. Source of your compensation (Please check all that apply):</b>		
<ul style="list-style-type: none"> <li>• Consulting Fees</li> <li>• Honoraria</li> <li>• Lecture Fees</li> <li>• Royalties (<i>*If yes, please skip to Part V</i>)</li> <li>• Stock or Stock Options (<i>* If yes, please skip to Part III</i>)</li> <li>• Other Payments (e.g. in-kind compensation) – Please explain:</li> </ul>		
<b>D. Amount of compensation received from this source in the <u>past 12-months</u>:</b>	\$ <i>Please enter specific dollar amount</i>	
<b>E. Amount of compensation expected from this source within the <u>next 12-months</u>:</b>	\$ <i>Please enter specific dollar amount</i>	

<b>F. Do you (or your Immediate Family) have a consulting agreement with this entity?</b> <i>If yes, please attach the consulting agreement as a PDF document.</i>	<b>Yes</b>	<b>No</b>
<b>G. How many days per year do you (or your Immediate Family) devote to this consulting activity?</b>	days	

**\* Please attach an addendum for each additional entity from which you receive Consulting Compensation and/or Royalties.**

<b>PART II. PAID OR REIMBURSED TRAVEL</b>		
<i>(*To be completed if you checked "Yes" to either question in PART II of the Investigator Financial Interest Disclosure Form)</i>		
<p>You indicated that you, or a member of your <a href="#">Immediate Family</a> received in the past calendar year or expect to receive in this or the next calendar year paid or reimbursed travel from the <a href="#">research sponsor</a> or other entity that may appear to affect or be affected by the conducted or outcome of the study. As a result, please provide the following additional information requested in questions A-G.</p>		
<b>A. Provide name of entity you or your Immediate Family receives paid or reimbursed travel from:</b>		
<b>B. Is this entity the sponsor of the research study?</b>  <i>*If no, please explain how this entity is related to the study (e.g. makes competing drug/device):</i>	<b>Yes</b>	<b>No*</b>
<b>C. What was the occasion for the receipt of the paid/reimbursed travel? (Please check all that apply):</b>  Conference (presenter/education) Board Meeting Product Review Other (Please describe):		
<b>D. Value of paid/reimbursed travel received from this source in the <u>past 12-months</u>:</b>	\$ <i>Please enter est. amt.</i>	
<b>E. Number of travel occurrences in the <u>past 12-months</u>:</b>		
<b>F. Value of paid/reimbursed travel expected from this source within the <u>next 12-months</u>:</b>	\$ <i>Please enter est. amt.</i>	
<b>G. Number of expected travel occurrences in the <u>next 12-months</u>:</b>		

**\* Please attach an addendum for each additional entity from which you receive Paid or Reimbursed Travel.**

<b>PART III. OWNERSHIP INTERESTS</b>		
<i>(*To be completed if you checked "Yes" to either question in PART III of the Investigator Financial Interest Disclosure Form)</i>		
<p>You indicated that you or a member of your <a href="#">Immediate Family</a> hold stock or stock options in the <a href="#">research sponsor</a> or another other entity that may affect, or appear to affect, the outcome of the study. As a result, please provide the following additional information in questions A-G:</p>		
<b>A. I hold Stock in the:</b>  Research Sponsor Other entity - Please specify:		
<b>B. I hold Options in the:</b>  Research Sponsor Other entity - Please specify:		

<b>C. A member of my Immediate Family holds:</b>		
Stock in the Research Sponsor		
Stock in another entity <i>(Please explain)</i> :		
Options in the Research Sponsor		
Options in another entity <i>(Please explain)</i> :		
Not Applicable		
<b>D. Is this entity publicly traded?</b>	<b>Yes</b>	<b>No</b>
<b>E. What is the current value of the stock per share or options?</b>	\$ <i>Please enter specific dollar amount</i>	
<b>F. If you hold Options, are they currently exercisable?</b>  <i>*If no, please indicate when these options will be exercisable:</i>	<b>Yes</b>	<b>No*</b>
<b>G. Please enter the percentage of shares or options you own in the entity:</b>	%	

**\* Please attach an addendum for each additional entity in which you hold stock or stock options.**

<b>IV. <u>OUTSIDE POSITIONS</u></b> <b>(*To be completed if you checked "Yes" to either question in PART IV of the Investigator Financial Interest Disclosure Form)</b>		
You indicated that you or a member of your <a href="#">Immediate Family</a> , hold an Outside Position or 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 affect, or appear to affect, the outcome of this study. As a result, we require additional information requested in A-E:		
<b>A. Provide name of entity you or your Immediate Family hold an Outside Position:</b>		
<b>B. Is this entity the sponsor of the research study?</b>  <i>*If no, please explain how this entity is related to the study (e.g. makes competing drug/device):</i>	<b>Yes</b>	<b>No*</b>
<b>C. Provide a brief description of the nature of this position:</b>		
<b>D. Amount of compensation received from this source in the <u>past 12-months</u>:</b>	\$ <i>Please enter specific dollar amount</i>	
<b>E. Amount of compensation expected from this source within the <u>next 12-months</u>:</b>	\$ <i>Please enter specific dollar amount</i>	

**\* Please attach and addendum for each additional Outside Position you hold in the above or other entity.**

<b>V. <u>INTELLECTUAL PROPERTY RIGHTS</u></b> <b>(*To be completed if you checked "Yes" to either question in PART V of the Investigator Financial Interest Disclosure Form)</b>		
You indicated that you or a member of your <a href="#">Immediate Family</a> have Intellectual Property Rights such as patents, copyrights, or other licensing fees related to products or processes being used, or covering products or processes being used in the study, including those that are assigned to NYU. As a result, please provide the following additional information requested in question A-E:		
<b>A. Is the financial interest the result of a patent as an inventor?</b>  <i>*If yes, please explain:</i>	<b>Yes*</b>	<b>No</b>

<p><b>B. Is the financial interest the result of a copyright as an author?</b>  <i>*If yes, please explain:</i></p>	Yes*	No
<p><b>C. Have you (or your Immediate Family) received any royalties in the past 12-months as a result of this patent or copyright?</b>  <i>*If yes, please provide the month/year received:</i>  <i>*If yes, please provide the amount received:                    \$</i>  <i>Please enter specific dollar amount</i></p>	Yes*	No
<p><b>D. Do you (or your Immediate Family) expect to receive any royalties over the next 12-months as a result of this patent or copyright?</b>  <i>*If yes, please provide the amount expected:                    \$</i>  <i>Please enter specific dollar amount</i></p>	Yes *	No
<p><b>E. Does NYU expect to receive compensation related to this interest as a result of any licensing agreement?</b>  <i>*If yes, please explain:</i></p>	Yes *	No

**\* Please attach an addendum for each additional instance where you have Intellectual Property Rights.**

<p><b>VI. CERTIFICATION</b></p>
<p><b>I certify that:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The above information is complete and true to the best of my knowledge.</li> <li>• I have read the <a href="#">Policy on Conflicts of Interest in Research and Sponsored Programs</a>.</li> <li>• I am responsible for submitting an updated Investigator Financial Interest Disclosure Form for each continuing review of this study.</li> <li>• 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.</li> </ul>

\_\_\_\_\_  
Signature of Investigator/Key Personnel

\_\_\_\_\_  
Date

<p><b>INSTRUCTIONS FOR SUBMITTING SUPPLEMENTAL DISCLOSURE FORM</b>  <b>*To be submitted with research proposal to Office of Science &amp; Research</b></p>
<p><b>THE SUPPLEMENTAL DISCLOSURE FORM MUST BE INCLUDED WITH THE RESEARCH PROPOSAL to the applicable Office of Science and Research Office (i.e., IRB, IACUC, SPA, OIL). Failure to include the Disclosure Form when reporting a financial interest on this form will result in delays in the review process.</b></p> <p><u>CONFIDENTIALITY</u>: 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>