



THIS COMPLETED FORM MAY ONLY BE REVIEWED BY PERSONNEL ON AN "AS NEEDED" BASIS WHEN REQUIRED BY THE RESPONSIBILITIES OF THEIR POSITION.

ALL INFORMATION CONTAINED IN THIS FORM MUST REMAIN CONFIDENTIAL AND MUST HAVE ONLY LIMITED DISTRIBUTION.

This form or a similar document that requests exactly the same information, must be completed, signed and submitted by each principal investigator, co-principal investigator, investigator and collaborator who plans to devote 5 percent or more effort to the proposed project. The information will be used to determine if there is a perceived or real financial conflict of interest or if there is the potential for such financial conflicts of interest. The form will only be reviewed by persons on a need-to-know basis. The completed and signed document must be submitted to the Financial Conflict of Interest (FCOI) committee and be reviewed. See VHA Handbook 1200.13 for further information.

NOTE: If any questions below are answered in the affirmative, the conflicts must be managed with the assistance of the VA Regional Counsel or in Central Office, the Office of the General Counsel. Further, even if no question is answered in the affirmative, your financial holdings or arrangements may still pose a conflict of interest within the meaning of Chapter 11 of Title 18, United States Code, and the Executive Branch Standards of Conduct at 5 C.F.R. Part 2635. Compliance with the provisions in this handbook will not necessarily satisfy the requirements of these criminal and regulatory conflict of interest provisions. If you have questions regarding these requirements, you can contact your local Regional Counsel for assistance. If you are located in Central Office, you can contact the Assistant General Counsel for Professional Staff Group III (023).

NAME Last, First, Middle

TITLE OF RESEARCH PROPOSAL

ROLE (check one)
Principal Investigator
Co-Principal Investigator
Investigator
Collaborator

PERCENT EFFORT ON RESEARCH PROTOCOL

NOTE: If more space is needed to provide information for the questions below, use space provided on page 4.

SECTION I - SALARY OR COMPENSATION

Do you or your spouse, minor child, general partner, or an organization in which you are an officer, director, trustee or general partner receive salary or other compensation (to include consulting fees, honoraria, gifts, and/or in kind compensation, other than regular VA salary/compensation) that in aggregate has in the prior year exceeded \$10,000 and/or is expected to exceed \$10,000 in the next 12 months? Yes No

If Yes, explain source, value, and reason for compensation:

Large empty box for explaining source, value, and reason for compensation.

FINANCIAL CONFLICT OF INTEREST STATEMENT

(continued)

SECTION II - PATENTS

Do you or your spouse, minor child, general partner, or an organization in which you are an officer, director, trustee or general partner own any patents that are related to the research project proposal? **Yes** **No**

If Yes, please provide additional information below.

PATENT NUMBER	<input type="text"/>	DATE OF PATENT	<input type="text"/>
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TITLE OF PATENT	<input type="text"/>
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Have any active or pending license agreements been issued? **Yes** **No**

(If Yes, attach a copy of each license).

If Yes, describe the period covered by each license and the projected royalty by year.

<input type="text"/>

SECTION III - COPYRIGHTS

Do you or your spouse, minor child, general partner, or an organization in which you are an officer, director, trustee or general partner hold any copyrights that are related to the research project proposal? **Yes** **No**

If Yes, please provide additional information below.

<input type="text"/>

SECTION IV - ROYALTIES

Do you or your spouse, minor child, general partner, or an organization in which you are an officer, director, trustee or general partner receive any royalties that are related to the research project proposal? **Yes** **No**

If Yes, please provide additional information below.

<input type="text"/>

FINANCIAL CONFLICT OF INTEREST STATEMENT

(continued)

SECTION V - PROVISIONAL PATENTS

Do you or your spouse, minor child, general partner, or an organization in which you are an officer, director, trustee or general partner receive any royalties that are related to the research project proposal? **Yes** **No**

If Yes, please provide additional information below.

PATENT APPLICATION NUMBER	<input type="text"/>	DATE FILED	<input type="text"/>
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TITLE OF PROVISIONAL PATENT	<input type="text"/>
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Have any active or pending license agreements been issued? **Yes** **No**

If Yes, attach a copy of each license.

If Yes, describe the period covered by each license and the projected royalty by year.

<input type="text"/>

SECTION VI - STOCK IN NON-PUBLICLY-TRADED COMPANY

Do you or your spouse, minor child, general partner, or an organization in which you are an officer, director, trustee or general partner own or have any equity interests by way of stock ownership or stock options in a non-publicly-traded company that may or may not own a patent that is related to the research project proposal?

Yes **No**

If Yes, what is the value of the stock/stock options?

Does this value represent more than a 5% ownership of the company? **Yes** **No**

SECTION VII - STOCK IN PUBLICLY-TRADED COMPANY

Do you or your spouse, minor child, general partner, or an organization in which you are an officer, director, trustee or general partner own or have any equity interests by way of stock ownership or stock options in a publicly-traded company that may or may not own a patent that is related to the research project proposal and is valued at more than \$10,000 (or value is projected to exceed \$10,000 in the next 12 months)?

Yes **No**

If Yes, what is the value of the stock/stock options?

Does this value represent more than a 5% ownership of the company? **Yes** **No**

FINANCIAL CONFLICT OF INTEREST STATEMENT

(continued)

SECTION VIII - VA DUTIES RELATED TO RESEARCH

Describe any of your VA duties that involve management of research projects or contracts other than those on which you are a principal investigator, co-principal investigator or investigator. This includes oversight, approval, advising, recommending, or initiating actions on research related projects.

[Empty box for describing VA duties related to research]

Use this space to add additional information from previous sections. Identify Section.

[Empty box for additional information]

FINANCIAL CONFLICT OF INTEREST STATEMENT

(continued)

CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on this disclosure is true, correct, complete and made in good faith. I understand that false or fraudulent information on this disclosure may be grounds for not accepting the research proposal and may be punishable by fine or imprisonment (U.S. Code, Title 18, section 1001).

(Signature of Investigator)

(Date Signed)

This Certification or a similar one should be submitted with research protocols when they are submitted to a protocol review committee (e.g., IRB, IACUC and R&D Committee). If the protocol is undergoing continuing review, and there has been a change in the information submitted on the Financial Conflict of Interest Statement, an updated Statement must be submitted to the FCOI Committee and a new Certification submitted to the applicable review committees at the time of continuing or annual review.

Certification of Review

by Financial Conflict of Interest Administrator or Committee

Name of Investigator
or Collaborator:

Name of Protocol:

This Financial Conflict of Interest Statement and applicable protocol have been reviewed for compliance with applicable policies and regulations, and for a determination of the existence of a financial conflict of interest.

A financial conflict of interest: [] has [] has not been identified for this investigator on this research protocol. If a financial conflict of interest has been identified, the following actions are recommended:

(Signature of Conflict of Interest Administrator or Committee Chair) (Date)