



Significant Financial Interests (SFI) Disclosure and Consent Form for Research Funded by the U.S. Public Health Service (PHS)

Directions: Pursuant to the U.S. Public Health Service (PHS) Regulation on the Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought UVic is required to ensure that all Investigators promptly and fully disclose, in writing, any significant financial interest (SFI) (including those of a spouse/partner or dependent child) that reasonably appears to be related to the Investigator’s Institutional Responsibilities. This applies to all Investigators, regardless of title or position, who are responsible for the design, conduct, or reporting of PHS funded research, or proposed for such funding.

To assist in the completion of this form, please refer to the NIH online tutorial at http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm

Upon completion, return this form to the Designated Institutional Official (DIO): Dr. Fraser Hof avpr2@uvic.ca

Reason for Disclosure (please check one):

- Initial Disclosure, Annual Disclosure, Update/New Reportable Interest, At Request of the University

Form with fields: Last Name (Print), First Name, Department, Email, Phone, Title of Proposal, PI, Proposal/Project #, Name of Grantee Institution (if other than UVic) and PI

1. Publicly Traded Entity Income and Equity Interests

Have you, your spouse/partner, and/or dependent children received income or payment for services in the past 12 months or own equity interest in any publicly traded entity related to your institutional responsibilities exceeding \$5,000 when aggregated? This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions. (Attach additional sheets as necessary)

- Yes, No

If Yes, please indicate who holds the SFI, the name of the entity, the annual \$ amount, and the nature of the SFI (e.g., salary earned from...):

Three horizontal lines for text entry.

**2. Non-Publicly Traded Entity**

***Income***

Have you, your spouse/partner, and/or dependent children received income or other payment for services, in the past 12 months, exceeding \$5,000, when **aggregated**, from any non-publicly traded entity? This does not include payments from UVic, or income from seminars, lectures, or teaching engagements sponsored by a federal, state, or local government agency, a US institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical centre. (Attach additional sheets as necessary)

Yes       No

If **Yes**, please indicate who holds the SFI, the name of the entity, the annual \$ amount, and the nature of the SFI (e.g., salary earned from...):

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***Equity Interests***

Do you, your spouse/partner, and/or dependent children currently own, or have acquired in the past 12 months, **any** equity interest in any non-publicly traded entity related to your institutional responsibilities? This can include any stock, stock option or other ownership interest. (Attach additional sheets as necessary)

Yes       No

If **Yes**, please indicate who holds the SFI and note the exact amount with explanation of source(s):

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**3. Intellectual Property Rights and Interests**

Have you, your spouse/partner, and/or dependent children received any payments, in the past 12 months, for any intellectual property rights and interests (e.g. patents, copyrights, assigned or licensed to a party other than UVic) related to your institutional responsibilities? (Attach additional sheets as necessary)

Yes       No

If **Yes**, please indicate who holds the SFI and note the exact amount with explanation of source(s):

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**4. Travel Reimbursement/Sponsorship**

Have you received *any* travel reimbursement or been sponsored for travel (i.e. travel expenses paid on behalf of Investigator and not reimbursed to Investigator), in the past 12 months, by any entity related to your institutional responsibilities? This does not include travel sponsored or reimbursed by a federal, state, or local government agency, a US institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.

Yes             No

If **Yes**, note the following: (Attach additional sheets as necessary)

The purpose of the trip: \_\_\_\_\_  
The identity of the sponsor/organizer: \_\_\_\_\_  
The destination of the travel: \_\_\_\_\_  
The duration of the travel (dates): \_\_\_\_\_  
The monetary value of the travel: \_\_\_\_\_

**5. Acknowledgment, Consent and Certification**

I certify that this is a complete disclosure of all my, my spouse/partner, and/or dependent children’s significant financial interests (SFIs) related to my institutional responsibilities and I have used all reasonable diligence in preparing this SFI Disclosure, and to the best of my knowledge it is true and complete. I also acknowledge that by signing my name below that it is my responsibility to file an updated Disclosure annually and within 30 days of discovering or acquiring a new SFI.

I understand that the personal information on this form is collected under the authority of Section 26(c) of British Columbia’s *Freedom of Information and Protection of Privacy Act* and will be protected under Part 3 of that *Act*. I hereby consent to the disclosure of my personal information to academic and administrative units according to University policy, and reporting requirements to PHS as required.

In the event that the DIO determines that any SFI that I have disclosed on the Disclosure Form constitutes a financial conflict of interest, I voluntarily authorize the DIO to declare such information to the PHS, as applicable, and to make available to the public on request all information collected on this form pertaining to that financial conflict of interest. This information shall remain available for at least 3 years after termination of the sponsored project.

Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_