NIH/PHS and NSF Significant Financial Interest Disclosure Form

Name of Investigator ________________________________ Department ____________________________

Project Role: ___ PI ___ Co-PI ___ Senior/Key Personnel ___ Consultant ___ Other (specify) _________________

Project PI ______________________________________ Project period ____________________________

Funding agency ____________________________________________

Project title ________________________________________________________________________________

___ Initial Disclosure ___ Ad Hoc Disclosure ___ Annual Disclosure for Project Year: __________

1. Do you, your spouse/domestic partner or dependent children have any Significant Financial Interests* related to the Investigator’s* Institutional Responsibilities*?

___ No ___ Yes

If YES: complete the Detailed Disclosure Form(s) (page 2 of this form) and provide with any supporting documentation to the Dean of the Faculty in a sealed envelope marked CONFIDENTIAL.

2. Do you, your spouse/domestic partner or dependent children have any Travel related Significant Financial Interests* to disclose?

___ No ___ Yes

If YES: complete the Detailed Disclosure Form(s) (page 2 of this form) and provide with any supporting documentation to the Dean of the Faculty in a sealed envelope marked CONFIDENTIAL.

Certification by Investigator

Initial one of the following statements and sign below

___ I hereby certify that I have read and understand Connecticut College’s PHS/NIH Financial Conflict of Interest Policy. I certify to the best of my knowledge that neither I nor my spouse, partner, or dependents hold any significant financial interests that would reasonably appear to be related to my institutional responsibilities to Connecticut College.

___ I have the following relationships, affiliations, activities, or interests which constitute significant financial interests under Connecticut College’s PHS/NIH Financial Conflict of Interest Policy (see following pages):

__________________________________________________________________________________________

Signature __________________________ Date ________________

*Please see Connecticut College’s Financial Conflict of Interest Policy for definitions specific to NIH/PHS or NSF
PHS/NIH and NSF Significant Financial Interest—Detailed Disclosure Form
Use one disclosure form for each occurrence of Significant Financial Interest; make additional copies as needed

<table>
<thead>
<tr>
<th>Disclosing Investigator</th>
<th>Role in Research</th>
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<tbody>
<tr>
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<td>___ Initial Disclosure ___ Ad Hoc Disclosure ___ Annual Disclosure for Project Year:</td>
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**External Entity**

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<tr>
<th>Name</th>
<th>Date of first occurrence</th>
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Type of Relationship (check all that apply)

- [ ] Consultant
- [ ] Speaker
- [ ] Advisory Board / Committee
- [ ] Other
- [ ] Governing Board / Officer
- [ ] Equity Holdings
- [ ] Royalty Income

Total amount of compensation or financial interest in reporting period $ ______________

**Intellectual Property Rights and Interests**

Name and Nature of Interest Value of Interest $ ______________

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<tr>
<th>Travel</th>
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<tr>
<td>Name of Sponsor</td>
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<tr>
<td>Purpose of Trip</td>
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Approximate Monetary Value $ ______________

**Relationship**

Describe how the above interests relate to your research and how they represent / do not represent a financial conflict of interest.

Certification

I certify that I have answered truthfully and to the best of my knowledge and agree to comply with any conditions or restrictions imposed by Connecticut College for the purpose of managing, reducing, or eliminating actual, potential, or apparent conflicts of interest in connection with my research.

Signature of Disclosing Investigator: ___________________________ Date: ___________________________

270 Mohegan Avenue, New London, Connecticut 06320