

## **Financial Disclosure Requirements for Subrecipient Investigators of Public Health Service Funded Projects**

Disclosure Requirement: You have been identified as a subrecipient investigator subject to the University of Pittsburgh's Conflict of Interest policy. Under the Public Health Service's (PHS) Financial Conflict of Interest (FCOI) regulations (42 CFR Part 50 Subpart F and 45 CFR Part 94), **you must disclose on the attached form any significant financial interests (SFI) held by you or members of your Immediate Family\* that are directly related to the research you are conducting in collaboration with the University of Pittsburgh.** Disclosures must be made:

- No later than at the time of application for PHS funded research;
- Within 30 days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) a new SFI; and
- Annually, in accordance with the University of Pittsburgh's policy, during the period of award

Training Requirement: You also are required to complete the University of Pittsburgh's CITI COI training module **before engaging in research related to this PHS-funded award and every three years thereafter during the period of the award.**

To take this training, click here: <http://www.citi.pitt.edu>

\*Immediate Family: Spouse, dependents, and all members of the household, including registered domestic partners.

**Subrecipient Disclosure of Significant Financial Interests**

University of Pittsburgh PHS supported project title: \_\_\_\_\_

Name of Subrecipient Entity: \_\_\_\_\_

Name of Subrecipient Researcher Completing this Form: \_\_\_\_\_

**Definitions:**

**Immediate Family:** Spouse, dependents, and all members of the household, including registered Domestic partners

**Remuneration:** Salary and any payment for services not otherwise identified as salary (e.g. consulting fees, honoraria, and paid authorship)

**Equity:** Stock, stock options, or other ownership interests as determined through reference to public prices or other reasonable measures of fair market value

1. During any 12 month window within the past 12 months through the coming 12 months, did you\* receive, or do you\* expect to receive, remuneration from any one publicly traded entity related to the research you are conducting in collaboration with the University of Pittsburgh that, either alone or when aggregated with the value of any equity you\* currently hold in that entity, exceeds \$5,000? Check: NO YES

If yes, provide the following information:

Name of Organization: \_\_\_\_\_

Actual or anticipated amount: \_\_\_\_\_

Nature of any remunerative activity:

2. During any 12 month window within the past 12 months through the coming 12 months, did you\* receive, or do you\* expect to receive, remuneration from any one non-publicly traded entity related to the research you are conducting in collaboration with the University of Pittsburgh that exceeds \$5,000? Check: NO YES

If yes, provide the following information:

Name of Organization: \_\_\_\_\_

Actual or anticipated amount: \_\_\_\_\_

Nature of remunerative activity:

3. Do you\* currently, or during the past 12 months did you\*, hold any equity interest in a non-publicly traded entity related to the research you are conducting in collaboration with the University of Pittsburgh? Check: NO YES

If yes, provide name of Organization: \_\_\_\_\_

4. During any 12 month window within the past 12 months through the coming 12 months, have you\*had, or do you\* expect to have, travel expenses related to the research you are conducting in collaboration with the University of Pittsburgh that exceed \$5,000 (for one trip or a series of trips) reimbursed or sponsored by any one entity? Note: Do not disclose travel that is reimbursed or sponsored by a federal, state, or local government agency, an accredited institution of higher education in any State as defined at 20 U.S.C 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education. Check: NO YES

If yes, provide the following information:

Name of Organization: \_\_\_\_\_

Purpose of trip:

Destination and duration of travel:

Amount of reimbursement and/or value of sponsored travel expenses

5. Are you\* the inventor of any technology on which you will conduct evaluative or developmental research in collaboration with the University of Pittsburgh that is the subject of an issued patent or that has been optioned or licensed to a company? Check: NO YES

If yes, provide the following information:

Briefly describe the nature of the technology; include patent numbers if known:

Is this technology the subject of an issued patent? Check: NO YES

Has this technology been optioned or licensed to an entity? Check: NO YES

If yes, provide entity's name: \_\_\_\_\_

During any 12 month window within the past 12 months through the coming 12 months, did you\* receive, or do you\* expect to receive, licensing proceeds (for example, royalties) from this technology? If yes, provide the entity's name and the actual or anticipated amount:

Do you\* hold equity (including stock options) or have any other financial relationship with an entity that has an option or license to this technology? If yes, describe.

\*"You" includes members of your Immediate Family

**Investigator Certification:**

**I certify, to the best of my knowledge, that the information reported herein is complete and accurate.**

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date