

## REPORT OF FINANCIAL INTERESTS RELATED TO RESEARCH

### University of Arizona

**INSTRUCTIONS:** This form is to be completed by all Covered Individuals ([www.vpr.arizona.edu/conflict-of-interest](http://www.vpr.arizona.edu/conflict-of-interest)) when entering into new sponsored research agreements, changing existing personnel, acquiring new interests, or entering into new subcontracts or purchase agreements. Completion of this form is in accordance with the UA Policy on Conflict of Interest and Commitment. The information provided herein may be released to the sponsor upon request, and per the Arizona Public Records Act (ARS 39-101-161 and ARS 15-1640), may be released to the public upon request.

Please submit the completed, signed form electronically to: [coi@email.arizona.edu](mailto:coi@email.arizona.edu)

NAME (LAST)	(FIRST)	TELEPHONE	E-MAIL ADDRESS
ACADEMIC UNIT OR DEPARTMENT		MAIL CODE	PRINCIPAL INVESTIGATOR'S NAME
TITLE OF RESEARCH PROJECT			

**Sponsor** (check one):

- ☐ Public Health Service/NIH      ☐ National Science Foundation      ☐ Subaward from PHS/NIH or NSF  
☐ American Heart Association      ☐ American Cancer Society      ☐ Other public agency: \_\_\_\_\_  
☐ Private company/entity: \_\_\_\_\_

**Reason for disclosure:**

- ☐ New Proposal      ☐ New Interest      ☐ Clinical Study  
☐ New Investigator      ☐ Additional Support      ☐ New Subcontract  
☐ New purchase or service order related to research      ☐ Other: \_\_\_\_\_

☐ I do **NOT** have any financial interest in any entity related to the research to be conducted for this project.

☐ I **DO** have a financial interest in an entity related to the research to be conducted for this project, as described below:

**NAME OF ENTITY** with which I have a financial interest and its primary business (submit only one entity per report): \_\_\_\_\_

A. Are you or your Relative (defined below\*) a director, officer, partner, trustee, consultant, employee, or a member of a scientific or technical advisory board or board of directors for the entity funding your research or related to your federally-sponsored research? ..... No ☐ Yes ☐

If yes, specify the position: \_\_\_\_\_

B. Do you or your Relative (defined below\*) have an investment of any value (including stock options) in the entity funding your research or related to your federally-sponsored research? ..... No ☐ Yes ☐

If yes, the value of the investment is: \_\_\_\_\_

If yes, do you own more than 0.1% of the entity's shares? (% owned: \_\_\_\_\_) ..... No ☐ Yes ☐

C. Have you or your Relative (defined below\*) received any income this year from the entity funding your research or related to your federally-sponsored research? ..... No ☐ Yes ☐

If yes, the annual income was: \_\_\_\_\_

D. Have you or your Relative (defined below\*) received gifts, in cash or in kind, exceeding \$400 from the entity funding your research or related to your federally-sponsored research? ..... No ☐ Yes ☐

If yes, what was the nature of the gift? \_\_\_\_\_

What was the estimated value of the gift? \_\_\_\_\_

**Certification:** I certify that I have used all reasonable diligence in preparing this statement and that it is true to the best of my knowledge. I certify under penalty of perjury under the laws of the state of Arizona that the foregoing is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Must be signed by the person to whom it pertains and may not be signed by a Designee)

\* **Definition of Relative:** A spouse or domestic partner, child, child's child, parent, grandparent, siblings and their spouses, and the parent, sibling or child of your spouse.

(Rev. 08/2009)