



CONSULTANT/COLLABORATOR FCOI DISCLOSURE FORM - AWARD

The United States Public Health Service (PHS) Financial Conflict of Interest (FCOI) policy (effective August 24, 2012) mandates that the Duke University determine if a consultant/collaborator has a PHS-compliant FCOI policy, and also requires the consultant/collaborator to disclose certain information should a FCOI be present. Duke University will collect this information prior to issuing any agreement, and then annually at the time of renewal.

Consultant/Collaborator Information

Consultant/Collaborator name: _____

Consultant/Collaborator email address: _____

Consultant/Collaborator phone number: _____

FCOI contact information (if different from consultant/collaborator): _____

Financial Conflict of Interest Information

As a consultant/collaborator, I **DO** have a PHS-compliant Financial Conflict of Interest (FCOI) policy and will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulation.

As a consultant/collaborator, I **DO NOT** have a PHS-compliant Financial Conflict of Interest (FCOI) policy.

Note: Consultants/collaborators checking this option are required to follow Duke's COI and FCOI policies: <http://medschool.duke.edu/files/FCOI-May-2011.pdf>.

Project Specific FCOI Information (Only required if using your organization's FCOI policy)

Title of Proposal:

NO conflicts of interest need to be disclosed at this time.

YES, there are conflicts of interest to be disclosed. **For each of the investigators on this project with a positive FCOI, please included the data requirements listed on page 2.**

Signature

Signature of Consultant/Collaborator: _____ Date: _____

For internal use only: SPS number: _____ **Agency ID:** _____

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If there is a positive FCOI, please complete the following data requirements:

Award number: _____

PD/PI or contact PD/PI: _____

Name of Investigator with the FCOI: _____

Name of the entity(s) with which the Investigator has an FCOI

Nature of FCOI (e.g., equity, consulting fees, travel reimbursement, honoraria)

Value of the financial interest \$0-\$4,999; \$5,000-\$9,999; \$10,000-\$19,999; amounts between \$20,000-\$100,000 by increments of \$20,000; amounts above \$100,000 by increments of \$50,000, or a statement that a value cannot be readily determined.

Provide a description how the financial interest relates to NIH-funded research and the basis for the Institution's determination that the financial interest conflicts with such research.

Provide the key elements of the Institution's management plan.