

Randolph-Macon College
Financial Interest Disclosure Statement for Sponsored Research

All Investigators proposing to do externally-funded sponsored research must complete this statement and return it to the Office of Sponsored Research (OSR) prior to or when submitting a funding proposal and annually by January 15th. It is the responsibility of the Investigator to update this information promptly if it should change prior to completion of the study. It is the responsibility of the principal Investigator to ensure that each Investigator working under his or her supervision on this research project submits the disclosure statement when required by the Randolph-Macon College Conflict of Interest Policy for Sponsored Research.

Information disclosed will be treated confidentially by the OSR strictly on a need to know basis.

Please refer to the Randolph-Macon Conflict of Interest Policy for Sponsored Research for definitions of any terms not defined below.

Section 1 – Information and Questions for ALL Projects

Name of Investigator:
Date CITI Training was Completed:
Research Project Proposal Title:
Funding Agency or Organization:
Do you have any ownership interest (including stock or stock options) in any entity providing funds for this research? ¹ Yourself: <input type="checkbox"/> Yes <input type="checkbox"/> No Your Family ² : <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any ownership interest (including stock or stock options) in any entity that owns intellectual property that could reasonably appear to be affected by this research project? ¹ Yourself: <input type="checkbox"/> Yes <input type="checkbox"/> No Your Family: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any ownership interest (including stock or stock options) in any entity that could reasonably appear to be affected by this research project? ¹ Yourself: <input type="checkbox"/> Yes <input type="checkbox"/> No Your Family: <input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Excluding ownership interests through mutual funds or retirement accounts that are not directly controlled by the Investigator.

² “Family” means spouse/domestic partner and dependent children.

Do you serve as a paid consultant, officer, administrator, board member, or speaker for any entity that is providing funds for this research, that could reasonably appear to be affected by this research, or that has an interest in intellectual property that could reasonably appear to be affected by this research?

Yourself: Yes No Your Family: Yes No

Have you received in the last 12 months or will you receive in the next 12 months more than \$5,000 (in an aggregate cash or monetary value) from a publicly traded entity that could reasonably appear to be affected by this research (other than your salary from Randolph-Macon)? To answer this question, you should add the amount you receive to the amount(s) family members receive.

Yourself: Yes No Your Family: Yes No

Have you received in the last 12 months or will you receive in the next 12 months more than \$5,000 (in an aggregate cash or monetary value) from a publicly traded entity that could reasonably appear to be related to your institutional responsibilities (other than your salary from Randolph-Macon)? To answer this question, you should add the amount you receive to the amount(s) family members receive.

Yourself: Yes No Your Family: Yes No

Have you received in the last 12 months or will you receive in the next 12 months more than \$5,000 (in an aggregate cash or monetary value) from a non-publicly traded entity that could reasonably appear to be affected by this research (other than your salary from Randolph-Macon)? To answer this question, you should add the amount you receive to the amount(s) family members.

Yourself: Yes No Your Family: Yes No

Have you received in the last 12 months or will you receive in the next 12 months more than \$5,000 (in an aggregate cash or monetary value) from a non-publicly traded entity that could reasonably appear to be related to your institutional responsibilities (other than your salary from Randolph-Macon)? To answer this question, you should add the amount you receive to the amount(s) family members.

Yourself: Yes No Your Family: Yes No

Do you hold any equity interest (regardless of dollar value) in a non-publicly traded entity that could reasonably appear to be affected by this research or that could reasonably appear to be related to your institutional responsibilities?

Yourself: Yes No Your Family: Yes No

Did you receive any reimbursement for travel or sponsored travel related to your institutional responsibilities from an entity other than the following:

- Federal, State, or local government agency
- Institution of higher education as defined at 20 U.S.C. § 1001(a)
- Academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education

Yes No

Is there anything not covered in the above questions that you believe might constitute a potential conflict of interest or create the appearance of being a conflict of interest related to this research?

Yourself: Yes No Your Family: Yes No

Section 2 – Detailed Financial Disclosure

If you answered “Yes” to any question on this statement, specifically describe the financial interest or affiliation and its relationship to this research project or your institutional responsibilities in the space provided on the following page. If the interest consists of money or something else of value that you or your family members have received or will receive, you must disclose the amount of money or value. If the interests consists of equity that you own, you must provide the current value (if any) of the equity and the percentage of ownership of the company that it represents. **You may attach an additional sheet if needed.**

Entity name from which you or your family received or will receive remuneration:

Dollar amount or value of your financial disclosure including percent interest in entity:

Relationship to the entity:

Travel Disclosure

Dollar Amount or Value (if known): _____

Purpose of Trip: _____

Sponsor Name: _____

Destination: _____

Duration: _____

Investigator Certification

By signing below, the Investigator hereby certifies that all of the information contained on this statement is true and correct to the best of his or her knowledge and that he or she has made reasonable efforts to assure that accurate and complete information has been provided. Investigator agrees to promptly submit a revision if there are any changes to the information contained herein.

By signing below, the Investigator acknowledges, among other things, the College's Conflict of Interest Policy for Sponsored Research, the Investigator's responsibilities regarding disclosure of significant financial interests, and in 42 CFR 50, Subpart F, Promoting Objectivity in Research.

Investigator

Date

Section 3 – OSR Certification

By signing below, the OSR hereby certifies it has reviewed this statement and has determined that (please check one):

- A significant financial interest (SFI) was disclosed, creating a conflict of interest. The OSR does not recommend approval of this activity. This form will be forwarded to the Provost for a final determination as to whether a financial conflict of interest could directly and significantly affect the design, conduct, or reporting of the research.
- A SFI was disclosed, and a conflict of interest exists, but it is minimal (less than \$5,000 per year) for the above-identified projects. The OSR does NOT recommend management, reduction, or oversight.
- A SFI was disclosed, and a conflict of interest exists, but it can be reduced, eliminated, or managed as described in the space below (or attach a separate sheet of paper if needed).
- No SFI was disclosed.

(Print) _____

Date

Office of Sponsored Research

Section 4 – Provost Certification

By signing below, the Provost hereby certifies that he/she has reviewed this statement and has determined that (please check one):

- A SFI was disclosed, creating a conflict of interest. I cannot recommend approval of this activity.
- A SFI was disclosed, and a conflict of interest exists, but it is minimal (less than \$5,000 per year) for the above-identified projects. I do NOT recommend management, reduction or oversight.
- A SFI was disclosed, and a conflict of interest exists, but it can be reduced, eliminated, or managed as described in the space below (or attach a separate sheet of paper if needed).
- No SFI was disclosed.

(Print) _____

Date

Provost