## DISCLOSURE OF SIGNIFICANT FINANCIAL INTEREST

**DSP-05 PHS** 

Revised: September 25, 2018

All Investigators (as defined below) must read, sign and submit this form to the Division of Sponsored Programs (DSP) with each grant application being submitted where the source of funding will be from a US Public Health Service Services Organization as a recipient or as a sub-recipient, with the exception of STTR/SBIR Phase I projects, which have been exempted by federal rule. This form is also required with grant applications submitted to non-federal sponsors that have adopted this PHS policy as their own. (Link to list of organizations - <a href="http://research.ufl.edu/faculty-and-staff/research-compliance/conflict-of-interest-and-outside-activities/public-health-service-phs/list-of-organizations-that-require-compliance-with-phs-regulations.html">http://research.ufl.edu/faculty-and-staff/research-compliance/conflict-of-interest-and-outside-activities/public-health-service-phs/list-of-organizations-that-require-compliance-with-phs-regulations.html</a>).

with-phs	s-regulations.html).	
Project	Title:	UF PI:
interest to below) in sponsors of the fe	that may be presented by compensated our nvolved in sponsored research projects fu s that have adopted this policy as their ow	rice (PHS) require grantees to manage any actual or potential conflict of atside activities and other financial interests of Investigators (as defined anded by the Public Health Service (PHS). In addition, several non-federal ren, for example, American Heart Association (AHA). The primary purpose design, conduct, or reporting of research projects. Investigators working on a must abide by these requirements.
position	, responsible for the design, conduct, or re	gator, Co-Principal Investigator, or any other person, regardless of title or eporting of the research or educational activities. "Investigator" for the interest" includes the Investigator's spouse and dependent children.
Investigates responsito an Investigates government of the control	ator's spouse and dependent children) tha bilities. A Significant Financial Interest do vestigator; income from seminars, lectures	of the following financial interests of the Investigator (and those of the it reasonably appears to be related to the Investigator's institutional pes not include salary, royalties, or other remuneration paid by the Institution is, or teaching engagements sponsored by a U.S. federal, state, or local ucation; or income from service on advisory committees or review panels for a ran institution of higher education.
		or private, organization (excluding a U. S. Federal agency) from which an receives remuneration or in which any person has an ownership or equity
from the when ag (e.g., con equity in	e Entity in the twelve months preceding the gregated, exceeds \$5,000. Remuneration is sulting fees, honoraria, paid authorship, tr	gnificant Financial Interest exists if the value of any remuneration received ne disclosure and the value of any equity interest on the date of disclosure includes salary and any payment for services not otherwise identified as salary ravel reimbursement or any other payments or consideration with value); or other ownership interest, as determined by public prices or other reasonable
	Check Yes indicating you, your spinterest or No .	ouse and /or dependent children have such a significant financial
received		a Significant Financial Interest exists if the value of any remuneration eceding the disclosure exceeds \$5,000, or the Investigator holds any equity
	Check Yes indicating you, your sp interest or No .	ouse and /or dependent children have such a significant financial
	ectual property rights (e.g., patents, copyrique la Interest does not include royalties paid b	ghts), upon receipt of income related to such (rights). The term Significant by the Institution to an Investigator.
	Check Yes indicating you, your sp interest or No.	ouse and /or dependent children have such a significant financial

travel related to their institutional responsibilities. Not	required to be disclosed is travel that is reimbursed or sponsored by ion of higher education, an academic teaching hospital, a medical nstitution of higher education.
	sed or paid travel (except when paid through the Institution) Paid Travel Disclosure Form (part 2) of this form.
Check No indicating no reimbursed or paid	l travel.
research. UF Funding will not be released until the training	
Check Yes Lindicating you have taken the n	nyUFL FCOI Training, course number DSR810.
Check No indicating FCOI Training has n	ot yet been completed.
approval of the conflict of interest (with conditions if warr occur prior to expenditure of any awarded funds. The fede during the course of the research or as new reportable Sign new disclosure within 30 days if a new Significant Financial requirement that any material changes to outside activities	el must be disclosed at the time of the proposal submission, but ranted) need not occur until the project has been funded, but must eral regulations also require that the disclosures be made annually nificant Financial Interests are obtained. An Investigator must file a all Interest is obtained, which is consistent with the University's and financial interests must be reported during the academic year, sed during the course of a research project must be accomplished
disclosed could be affected by the proposed research or if conflict of interest exists. Under the federal regulations, if the design, conduct, or reporting of the research, a financi eliminate the conflict or develop a management plan to ma Conditions that might be imposed include modification of	viewing each disclosure to determine if the financial interest the research could be affected by the financial interest and if a a Significant Financial Interest may directly and significantly affect al conflict will be deemed to exist. The University is required to anage the conflict. Public disclosure of the conflict is required. The research design or monitoring of the research by independent in disclosing may have to discontinue the compensated activities or mue the research. The person disclosing must abide by the
I declare that the information being disclosed is true and ac	occurate under the regulations.
Sign:	Role: Check one, PICo-PIOther Key Personnel
Print Name:	Date:

## PHS FCOI Reimbursed or Paid Travel Disclosure Form

In the twelve months preceding this disclosure I have received reimbursed or paid travel.

DSP-05 PHS (part 2)

Reimbursed or Paid Travel Disclosure Form. Add additional sheets for each reimbursed or paid travel you are disclosing.

1.	The date of the travel was			
2.	2. The identity of the company/organizer of the travel was			
3.	3. The destination was			
1.		1?		
5.	5. The monetary value of the travel was			
<b>ó</b> .	The purpose of the travel was	<u>—</u>		
declare that the above information being disclosed concerning travel is true and accurate under the regulations.				
Sign: _	Sign: Role: Check one, PICO-PIOther	er Key Personnel		
Print N	Print Name: Date:			