

DISCLOSURE OF CONFLICT OF INTEREST

DSP-05 USAMRMC/CDMRP

As required by the USAMRMC and CDMRP Grant Application Instructions, 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 the United States Army Medical Research and Materiel Command as a recipient or as a sub-recipient.

Project Title: _____ UF PI: _____

“Investigator” is defined as the Principal Investigator, Co-Principal Investigator, or any other person responsible for the design, conduct, or reporting of the research or educational activities. “Investigator” for the purposes of determining a “Significant Financial Interest” includes the Investigator’s spouse and dependent children

A. Do you, your spouse or dependent children have a personal relationship (paid or unpaid) with an entity that has an interest in any resulting product or materials or the results of this project, where one or more of the following apply:

- 1. Own stock? Yes No If yes, what percent of the company do you own? _____%
2. Receive payments or royalties? Yes No
3. Hold a position? Yes No If yes, what position? _____
4. Perform work for the entity? Yes No If yes, attach documentation (i.e. consulting agreements) that describes the work.

B. Do you have any relationships, interests or information that would give you an unfair advantage over others or make you unable to provide impartial advice concerning the research project (see examples below). Yes No If yes, please explain:

Some examples are:

- a) Having access to non-public information giving you a competitive advantage.
b) Having written the requirements for a future procurement you are participating in.
c) Being in a position where you evaluate your own work.

If you answer YES to either question A or B above then your proposal must include a Division of Research Compliance (DRC) approved COI mitigation plan. Please contact DRC at compliance@research.ufl.edu as soon as possible to obtain a DRC approved COI mitigation plan that you may use in the proposal submission to the USAMMRC.

I declare that the information being disclosed is true and accurate.

Sign: _____ Print Name: _____ Date: _____

Role: Check one, PI Co-PI Other Key Personnel