

SUBRECIPIENT INVESTIGATOR - FCOI DECLARATION

Subrecipient Investigator Information

Name

E-mail

Date

Subrecipient Institution Information:

Institution
name:

Project title:

Definitions

Equity Interest includes any stock, stock options, or other ownership interests determined through reference to public prices or other reasonable measures of market value.

Family includes your spouse and dependent children.

Institutional responsibilities means your professional responsibilities on behalf of your institution and includes research, research consultation, teaching, professional practice, institutional committee memberships, and services on panels or boards.

Remuneration includes salary and any payment for services, such as consulting payments, director fees, honoraria, royalties, or other payments for patents and/or copyrights.

FCOI Declaration

Financial Interests: In the last 12 months, have you and/or member(s) of your family received any remuneration from an entity (for-profit or non-profit) equal to or greater than \$5,000 that would reasonably appear to be related to your institutional responsibilities?

This does not include salary, royalties, or other remuneration from the Subrecipient Institution or income from seminar, lectures, or teaching for US federal, state, or local government agencies or US institutions of higher education. It also does not include income from investment vehicles, such as mutual funds and retirement accounts, that you and your family do not have direct control over.

YES

NO

If YES, indicate with what entities, types of interest, total value, and to whom it belongs (you, spouse, dependent child):

Equity interests from publicly traded entities: Do you and/or member(s) of your family own equity interests with a monetary value of \$5,000 or more from a publicly traded entity that would reasonably appear to be related to your institutional responsibilities?

This does not include income from investment vehicles, such as mutual funds and retirement accounts, that you and your family do not have direct control over.

YES NO

If YES, indicate with what entities, types of interest, total value, and to whom it belongs (you, spouse, dependent child):

Equity interest from non-publicly traded entities: Do you and/or member(s) of your family own equity interests of any value from a non-publicly traded entity that would reasonably appear to be related to your institutional responsibilities.

This does not include income from investment vehicles, such as mutual funds and retirement accounts, that you and your family do not have direct control over.

YES NO

If YES, indicate with what entities, types of interest, total value, and to whom it belongs (you, spouse, dependent child):

Travel: In the last 12 months, has any one entity (for-profit or non-profit) reimbursed travel or sponsored travel for you, with a total monetary value of \$5,000, which would reasonably appear to be related to your institutional responsibilities?

This does not include travel sponsored or reimbursed by a US federal, state, or local government agency or US institution of higher education.

YES NO

If YES, indicate with what entities, the purpose of the trip(s), duration of each trip, destination of each trip, and estimated value.

.....

Certification and Consent

I have read and understand the financial conflict of interest requirements under the US Public Health Service (PHS), National Institutes of Health (NIH) *Regulation on the Responsibility of Applicants for Promoting Objectivity in Research* (42 CFR, Part 50, Subpart F and 45 CFR, Part 94) and have completed this report to the best of my knowledge and belief. I understand that completing and signing this form does not exempt me from any other requirements determined by the NIH or from any other PHSA policies and processes as appropriate. Should my outside financial interests, or those of my family, change in a way that results in different answers to any of the questions asked in this disclosure, I will submit a revision within 30 days.

I understand that the personal information on this form is collected under Section 26(c) of BC's *Freedom of Information and Protection of Privacy Act* (FIPPA) and will be protected under Section 3 of the Act. In the event that the BCCA/PHSA Institutional Official (IO) finds that a financial conflict of interest (FCOI) exists, I voluntarily authorize for BCCA/PHSA to disclose information related to that FCOI to PHSA administrative units as required by PHSA policy and to the NIH for the purpose of grant reporting, as required under the Regulations. I understand that the information will be disclosed outside of Canada as required by the Regulations.

In the event that a member of the public requests in writing for information on the FCOI identified by the IO, I voluntarily authorize for BCCA/PHSA to disclose my personal information pertaining to the request to the member of the public making the request, as required by the Regulations.

I understand that I may withdraw consent at any time by notifying BCCA/PHSA by email at BCCACOI@phsa.ca. I understand that the withdrawal of my consent may result in the suspension or termination of NIH funding for the related project.

This consent will expire automatically three (3) years from the date of consent.

Questions - contact Elizabeth Kinney, Manager Research Policy, PHSA, 604-675-7498 or ekinney@phsa.ca.

Signature

Printed
Name

Date

.....