

SUBRECIPIENT INVESTIGATOR - FCOI DISCLOSURE & MANAGEMENT PLAN

Subrecipient Investigator Information

Name

E-mail

Date

Subrecipient Institution Information:

Institution
name:

Project title:

Declaration of identified FCOI

The Subrecipient Investigator has an identified and managed financial conflict of interest (FCOI) that needs to be reported.

This is the 1st FCOI disclosure/management plan for this Subrecipient Investigator.

This the submission of updates for the last FCOI disclosure/management plan for this Subrecipient Investigator.

There are no changes from the last FCOI disclosure/management plan for this Subrecipient Investigator (skip next section)

Details on FCOI Disclosure/Management Plan

To be completed by the Institutional Official (IO) or designated representative at institution.

Name of entity(s) with which Subrecipient Investigator has FCOI

Nature of significant financial interest (SFI) (e.g., equity, consulting fee, travel, etc.)

Value of SFI, or estimated value through reference to public prices/fair market value

Role/principal duties of the Subrecipient Investigator on this project

Conditions of the management plan

How the management plan safeguards the objectivity in this project and how it will be monitored to ensure compliance

Other information

Please confirm:

The Subrecipient Investigator has agreed to this management plan.

The Subrecipient Investigator has signed the attached certification and consent form.

The identified FCOIs are not owned by a spouse or dependent child. If yes, they too must complete a certification and consent form.

Certification by Subrecipient Institutional Official

I certify that the information listed above is accurate and complete to the best of my knowledge and that I am authorized to sign for my Institution (Institutional Official or Authorized Official).

Signature

Printed
Name

Date

Consent Form

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

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