

Public Health Division/Multnomah County Health Department FINANCIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT

For disclosure to the PH IRB

Any Public Health Division/Multnomah County Health Department employee (or subcontractor not covered under his or her own institutional policy) participating as an Investigator or other Key Personnel in Department of Health and Human Services, Public Health Service (DHHS PHS) funded research, is required to disclose any financial interest consisting of one or more of the following interests (that reasonably appear to be related to the individuals institutional responsibilities) of the Investigator/Key Personnel and those of their spouse and dependent children:

[The HHS Organizational Chart, can be found here.](#)

- Any remuneration received from a publicly-traded entity in the 12 months preceding the disclosure, if when combined with the value of any equity interest in the entity at the time of the disclosure, exceeds \$5,000 (e.g. salary, stock, stock option, or other ownership interest and any payment for services not otherwise identified as salary such as consulting fees, honoraria, and paid authorship.
- Any remuneration received from a non-publicly traded entity in the 12 months preceding the disclosure, when aggregated, exceeds \$5,000, or when the Investigator/Key Personnel (or spouse/dependent children) holds any equity interest.
- Any financial interest from intellectual property rights and interests upon receipt of income related to such rights and interests.
- All reimbursed or sponsored travel related to the individual's institutional responsibilities which IS NOT reimbursed or sponsored by a federal, state or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

If a significant financial interest exists, it is the responsibility of the Investigator/Key Personnel to make the disclosure by January 31st of each year. **Within 30 days of discovering or acquiring a significant financial interest, it again is the responsibility of the individual to submit an updated FCOI Disclosure form** to the PH IRB for subsequent disclosure to the PHD-FCOI Officer. At the time of PH IRB application, if federally funded, the PH IRB Coordinator will assure a current FCOI Disclosure Statement is on file for all listed Investigators and Key Personnel and required FCOI Training has been complete.

At times, the PH IRB will review federally sponsored research for Oregon Health Authority offices outside of the PHD. In these cases, all OHA Investigators and other Key Personnel should too submit this form.

The Financial Conflicts of Interest in Federally Sponsored Research Activities policy can be found [here](#).

Name:

Phone:

E-mail address:

Institution:

Address/City/State/ZIP:

SECTION I

Based on the information provided above, do you, your spouse, or dependent children have a significant financial interest that would appear to be affected by the conduct or outcome of a research project? Yes No

If Yes, complete Section II.

If NO, please sign, date, and return only this page to the PH IRB Coordinator.

Signature: _____

Date: _____

Your signature certifies that you have read the Financial Conflict of Interest in Federally Sponsored Research Activities policy and have no significant financial interest to report at this time.

SECTION II

PHS Sponsored Research Project(s):

List all PHS sponsored research projects in which you play a role. Attach additional sheets if necessary

- 1.
 - 2.
 - 3.
 - 4.
-

Research Role:

(P.I., Co-P.I., Data Analyst, etc.)

For the project(s) listed above, identify the following:

Grant

Funding Source: (NIH, CDC, AHRQ, etc.)

- 1.
 - 2.
 - 3.
 - 4.
-

If you are not the P.I. on the project, identify who is:

Do you have any management responsibilities over other research staff? Yes No

If yes, explain:

Name of entity from which you (or your spouse or dependent children) are or will be receiving financial interest, hold an ownership interest in, or that has or will sponsor your travel **that may appear to relate to your institutional responsibilities:**

Entity type: For profit (publicly-owned)
 For profit (privately-held)
 Non-profit
 Governmental/Public

Type of remuneration: Compensation
 Equity Ownership
 Travel – If travel, complete the following:

Purpose of trip:

Name of sponsor/organizer:

Destination (city and state or country if outside the U.S.):

Duration of trip:

Total cost of trip including lodging; registration; fare for mode of travel (e.g. air, train, car, etc); per diem; and any other miscellaneous expenses:

Describe the means by which the real or potential financial conflict of interest can be eliminated, reduced, or managed:

Please sign, date, and return this completed form to the PH IRB Coordinator. Your signature certifies that you have read the Financial Conflicts of Interest in Federally Sponsored Research Activities policy and understand that the PHD-Financial Conflict of Interest Officer will review the information provided and determine whether the financial interest reported is a financial conflict of interest.

The FCOI Officer may request additional information in order to make a determination. If it is determined that a significant financial interest exists that is related to the PHS-funded research, the Officer shall identify appropriate actions, if any, that must be taken to manage the financial conflict of interest.

Signature: _____

Date: _____