

APPENDIX A: Significant Financial Interest Disclosure Form

Submitted pursuant to the US Public Health Service
Regulation on the Responsibility of Applicants for Promoting Objectivity in Research respecting
Financial Conflicts of Interest (FCOI)

Name: _____
 Department: _____
 Faculty: _____
 Title of Grant: _____

Type of Award/Grant:
 I am reporting on activities: for the year _____
 as an addendum to my most recent report

Declarations:

<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>1. Financial Interests: Have you, your spouse or dependent children (your “Family”) received in the past 12 months anything of monetary value including salary or other payments for services (e.g. consulting payments, director fees, honoraria, royalties or other payments for patents or copyrights) from an Entity exceeding \$5,000 that would reasonably appear to be related to your University responsibilities?</p> <p><i>Exemption:</i> Do not include:</p> <ul style="list-style-type: none"> • any remuneration from Dalhousie University • income from seminars, lectures or teaching engagements sponsored by, and service on advisory or review panels for, a U.S. federal, state, or local government agency, a U.S. institution of higher education, a U.S. academic teaching hospital, a U.S. medical centre or U.S. research institute affiliated with a U.S. institution of higher education • income from investment vehicles, such as mutual funds and retirement accounts, so long as you or your Family do not directly control the investment decisions made in these vehicles
<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>2. Equity Interests: Do you or a member of your Family:</p> <p>a) own stock, stock options or other ownership interests with a monetary value exceeding \$5,000 from a publicly-traded entity where such interests would reasonably appear to be related to your University responsibilities? <i>(For stock in non-publicly traded entities, use the most recent sales price recognized by the Entity.)</i></p> <p>b) own an equity interest in any single Entity where its value could be affected in any way as a result of your University responsibilities?</p> <p>If yes to 2a and/or 2b, provide information on the nature of these interests on a separate page.</p> <p><i>Exemption:</i> Do not include equity interests in investment vehicles, such as mutual funds and retirement accounts, so long as you or your Family do not directly control the investment decisions made in these vehicles.</p>
<input type="checkbox"/> yes	<input type="checkbox"/> no	

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<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>3. Intellectual Property: Have you or your Family received remuneration exceeding \$5,000 from any Entity in relation to your intellectual property rights and interests in the past 12 months?</p> <p>Exemption: Do not include any remuneration from Dalhousie University.</p>
<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>4. Travel: Has any Entity reimbursed travel or sponsored travel for you or your Family exceeding \$5,000 that would reasonably appear to be related to your University responsibilities?</p> <p><i>Exemption: Do not include:</i></p> <ul style="list-style-type: none"> • travel that is reimbursed by Dalhousie University. • travel that is reimbursed by a U.S. federal, state, or local government agency, a U.S. institution of higher education, a U.S. academic teaching hospital, a U.S. medical centre or U.S. research institute affiliated with a U.S. institution of higher education.

****If you have responded “Yes” to any of the above, please provide additional information as indicated on the following page (Page 3).****

I have read and understand Dalhousie University’s Financial Conflict of Interest Policy and have completed this report to the best of knowledge and belief. I understand that completing and signing this Declaration does not exempt me from any other requirements determined by any PHS component or from any other University policies and procedures. 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 report, I agree to submit a revision.

_____ (date)

_____ (signature)

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Addition to Financial Interests Report of: _____

Reporting for self family member

name: _____

relationship: _____

Name of External Entity: _____

Address of External Entity: _____

Type of external relationship: (check all that apply)

<input type="checkbox"/>	Consultant
<input type="checkbox"/>	Speaker
<input type="checkbox"/>	Advisory Board or Committee
<input type="checkbox"/>	Equity Holdings
<input type="checkbox"/>	Governing Board or Officer
<input type="checkbox"/>	Intellectual Property Rights
<input type="checkbox"/>	Royalty Income
<input type="checkbox"/>	Other (describe below)

Amount of compensation or financial interest in reporting period: \$ _____

If travel paid by Entity:

Destination _____

Amount \$ _____

Comments or explanatory information (*attach additional page(s) as necessary*)

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Dalhousie University Research Services Use Only

I _____ have reviewed this financial interests form and have determined that the significant financial interests (SFI) reported do not represent a financial conflict of interest (FCOI) as it relates to this PHS funding.

Signature of Designated Official

Date