

SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH

Significant Financial Interest Disclosure

Investigator Name _____ Date _____

I am disclosing all of my Significant Financial Interests (SFIs), and those of my spouse and dependent children, that reasonably appear to be related to my institutional responsibilities pursuant to the requirements of SIBCR's Financial Conflict of Interest (FCOI) policy.

Significant Financial Interests (<i>Indicate Yes or No for each category</i>)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Compensation (salaries, consulting fees, honoraria, paid authorship, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sponsored or Reimbursed Travel (excluding travel paid by a government agency, institution of higher education, academic teaching hospital, medical center, or research institute affiliated with an institution of higher education)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Equity (stock, share of profits, etc.) in a publicly-traded or privately-owned entity
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intellectual Property (patents, copyrights, royalties, license fees, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Role (director, trustee, officer or other key employee in a corporation, partnership, business, or other entity outside of SIBCR related to institutional responsibilities)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other financial interest related to institutional responsibilities
If yes to any category, please complete the appropriate SFI disclosure on the following page(s) and contact SIBCR administration to furnish additional information.		

Certification

I have read and understand SIBCR's policy on FCOI for PHS-funded projects and have completed this disclosure to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by the Conflict of Interest (COI) Subcommittee to manage any real or perceived conflicts. Should my outside financial or managerial 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 agree to submit a revision promptly, at least within 30 days of acquiring or learning of a new interest.

Investigator Signature

Additional Pages Attached

Please email completed form to disclosure@sibcr.org.

SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH

Significant Financial Interest Disclosure Details of Financial Interest

Significant Financial Interest (SFI) disclosures must include sufficient information to determine the nature and extent of the interest. SIBCR and the COI Subcommittee will determine if further information is needed in order to assess whether the SFI constitutes an FCOI with the Investigator's institutional responsibilities.

Investigator Name	Date
Reporting for <input type="checkbox"/> Self <input type="checkbox"/> Family Member Name Relationship	

Type of Significant Financial Interest (<i>Travel Disclosure on next page</i>)	
<input type="checkbox"/> Salary	<input type="checkbox"/> Intellectual Property Rights
<input type="checkbox"/> Speaker Fees / Honoraria	<input type="checkbox"/> Royalty Income
<input type="checkbox"/> Consulting Compensation	<input type="checkbox"/> Advisory Board or Committee
<input type="checkbox"/> Paid Authorship	<input type="checkbox"/> Governing Board or Officer
<input type="checkbox"/> Equity Holdings in a <input type="checkbox"/> Publicly Traded Entity or <input type="checkbox"/> Privately Held Entity	
<input type="checkbox"/> Other (<i>Describe</i>)	

Details of Significant Financial Interest
Name of External Entity
Value of SFI \$
Date of Acquisition/Compensation
Does the entity named above sponsor any research in which you are directly involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use any materials or products in your research that are generated by the entity named above? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to either of the above questions, provide a description of your interactions with this entity and how the SFI relates to your institutional responsibilities.
If applicable, list related projects

*Disclosures may be submitted via email to disclosure@sibcr.org.
For confidential disclosures, submit directly to SIBCR's Executive Director or via inter-office mail to mailstop S-151F marked "Confidential".*

SIBCR Review	Reviewer Initials: _____ Date: _____
<input type="checkbox"/> Recommended for further review by COI Subcommittee	Comments
<input type="checkbox"/> Not recommended for further review at this time	

SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH

Significant Financial Interest Disclosure Details of Sponsored or Reimbursed Travel

Significant Financial Interest (SFI) travel disclosures must include sufficient information to determine the nature and extent of the relationship. SIBCR and the COI Subcommittee will determine if further information is needed in order to assess whether the SFI constitutes an FCOI with the Investigator's institutional responsibilities.

Investigator Name	Date
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Details of Sponsored or Reimbursed Travel
Name of Sponsor/Reimbursing Entity
Destination
Dates of Trip
Estimated Value/Amount \$
Inclusion of Spouse or Child (<i>Yes or no and number included</i>)
Purpose of Trip

Does the entity named above sponsor any research in which you are directly involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use any materials or products in your research that are generated by the entity named above? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to either of the above questions, provide a description of your interactions with this entity and how the SFI relates to your institutional responsibilities.
If applicable, list related projects

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SIBCR Review	Reviewer Initials: _____ Date: _____
<input type="checkbox"/> Recommended for further review by COI Subcommittee	Comments
<input type="checkbox"/> Not recommended for further review at this time	