**DISCLOSURE STATEMENT OF FINANCIAL INTERESTS AND OUTSIDE PROFESSIONAL ACTIVITIES**

**FOR NON-UNM INVESTIGATORS**

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**SECTION I DEMOGRAPHICS/STUDY INFORMATION** (to be completed by non-UNM investigator)

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Non-UNM Investigator’s Name (print or type) grant or proposal # (if known)

Principal Investigator Name:      

HRRC Protocol # (if known)

Study Title:

Y  N  a. Are you an employee of a university or research institute? Name:      . If no, complete only sections I and IV.

Y  N  b. Are you performing activities related to this study through a subaward with your institution? If yes, your institution is responsible for conducting a conflicts of interest review and completing Section II.

Y  N  c. Are you associated with a university/research institute and performing activities related to this study through a contractor/consultant agreement rather than through a subaward? If yes, your institution is responsible for conducting a conflicts of interest review and completing Sections II and III.

Y  N  d. Are you associated with a university/research institute and performing activities related to this study as an unpaid collaborator/consultant? If yes, your institution is responsible for conducting a conflicts of interest review and completing Sections II and III.

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**SECTION II CONFLICTS OF INTEREST** (to be completed by the investigator’s COI Administrator or other Institutional Official)

Y  N  a. Does your university/research institute have a financial conflict of interest policy that is consistent with 42 CFR Part 50 Subpart F? This includes completing financial conflicts of interest training.

Y  N  b. Does the investigator have any potential financial conflicts of interest with the above named research study? If yes, please attach the management plan.

Y  N  c. Does the investigator have a conflict of commitment in regard to their participation in this research as an investigator?

**By signing this document, I certify that I am authorized to sign on behalf of this institution/entity, the information provided in this section is complete and accurate to the best of my knowledge.**

Signature of COI Administrator/Institutional Official Date

COI Administrator/Institutional Official Title:

Phone:       Email Address:

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**SECTION III AUTHORIZATION TO PERFORM SERVICES AS AN INDEPENDENT SUBCONTRACTOR, CONSULTANT, OR COLLABORATOR** (to be completed by an authorized Institutional Official if answers to Section Ic or Id are answered yes)

The investigator named in section I is hereby authorized to participate in this research study as an independent collaborator/consultant/contractor rather than through a subaward with this institution.

Signature of Authorized Institutional Official Date

Institutional Official Title:

Email Address:

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**SECTION IV TO BE COMPLETED ONLY BY INVESTIGATORS NOT EMPLOYED BY A UNIVERSITY/RESEARCH INSTITUTE**

**A. Do you (including your spouse, domestic partner, and dependent children) have any of the financial interests described below that reasonably appears to be related to your *institutional responsibilities* (check all that apply)? Institutional responsibilities include the following:**

**(1) research; (2) research consultation; (3) teaching; (4) professional practice; (5) institutional committee memberships; and (6) service on panels such as Institutional Review Boards, Data and Safety Monitoring Boards, or study section/grant review committees.**

Y  N  1. Any salary or payment for services (e.g. consulting fees, honoraria, paid authorship), other than through the Company, from a publicly traded entity in the preceding 12 months?

Y  N  2. Currently, any equity interest (including the Company) such as, stocks, stock options, other ownership interests in a publicly traded entity?

Y  N  3. Does the total combined payment/income from items 1 and 2 exceed $5,000 for any single publicly traded entity?

Y  N  4. Any salary or payment for services (e.g. consulting fees, honoraria, paid authorship) from a ***non-publicly*** traded entity in the preceding 12 months that exceeds $5,000?

Y  N  5. On this disclosure date, any equity interests (e.g. stocks, stock options, other ownership interest) in a ***non-publicly*** traded entity?

Y  N  6. Intellectual property rights (e.g. patents, copyrights or royalties from these rights) other than through the Company?

**If you checked “Y” (yes) on any of the items in section IIA, please describe the financial interest in expandable text box below:**

**B. Do you have or have received any of the following in the past or next twelve months (check all that apply):**

Y  N  7. Any reimbursed or sponsored travel related to your Company/institutional (listed above in section I) responsibilities from an entity that is **not** a federal, state, or local government agency or associated with an institution of higher education? Describe the purpose and duration of the trip, the identity of the sponsor/organizer and the destination in the text box below this section.

Y  N  8. A position as a director, executive officer, board member, advisory or review panel member, partner, trustee, manager or employee of an outside entity (other than the Company)?

Y  N  9. Any income from seminars, lectures, teaching engagements, or participation in a speakers bureau sponsored by a for-profit entity(ies) or non-profit entity(ies) that is **not** a federal, state, or local government agency or associated with an institution of higher education?

Y  N  10. Any other situation not described in any of the above items that may be a potential or actual conflict of interest in this research?

**If you checked “Y” (yes) on any items in section IVB, please provide a description in the expandable text box below:**

**C. If you checked “Y” (yes) on any items in Section IVA or IVB, please provide in the expandable text box below a thorough description of your responsibilities (not only title such as PI or study coordinator) in this research project.**

**I certify that the above information is true to the best of my knowledge. I know of no other potential or actual conflict of interest situations in this research. I will report any change within 30 days of occurrence.**

Signature of Non-UNM Investigator Date

**If there are any questions, please contact UNM HSC Conflict of Interest Office at (505) 272-6433 or** [**HSC-COI@salud.unm.edu**](mailto:HSC-COI@salud.unm.edu)**.**