Indiana University Bloomington
Financial Conflicts of Interest Disclosure Form
You must update your disclosed interests (1) annually, and (2) at any time during the year when new disclosable interests arise or new research projects or sponsored programs are undertaken that relate to existing financial interests. For the 2008-2009 annual disclosure process, the forms must be submitted September 30, 2008, and will remain in effect through September 2009.

Name: ____________________________________________

Campus: ____________________________________________

Phone Number: ____________________________________________

Email Address: ____________________________________________

Primary Unit, Title, Rank: ____________________________________________

Administrative Position(s): ____________________________________________

Other departments, schools, and units in which you hold appointments (please indicate percentages): ____________________________________________

If you select “Yes” for any of the following, please complete and submit a Disclosure Attachment with this form for each relevant outside financial interest. If you answer “No” to all questions you are finished with this document and can give it to your unit head. For detailed instructions about which interests must be disclosed and an in-depth explanation of the financial conflicts of interest disclosure process, please see the instruction set for this form, which is available on-line at http://research.iu.edu/rschcomp/coi/coi_intro.html under “Resources.” Additional information, including Frequently Asked Questions, is also posted on-line.

___ YES
1. During the next twelve months, do you, your spouse, registered domestic partner, or your dependent children expect to receive compensation – monetary or otherwise – from an external (non-IU) entity relating to any medical or clinical trial research in which you are engaged at IU and which involves the participation of human subjects?

___ NO

___ YES
2. During the next twelve months, do you, your spouse, registered domestic partner, or your dependent children expect to receive aggregated compensation – monetary or otherwise – exceeding $10,000 in value from an external (non-IU) entity operating in areas relating to your research or sponsored program activities at IU?

___ NO

___ YES
3. Do you, your spouse, registered domestic partner, or your dependent children currently hold, or expect to hold at some point during the next twelve months an ownership interest in an entity operating in areas relating to your IU research or sponsored programs, and which when aggregated together for all of you represents either (i) an equity interest that exceeds $10,000 in value OR (ii) more than five percent (5%) ownership of the entity?

___ NO

I hereby affirm that the above information (and the information contained in the attached statements, if any) is true to the best of my knowledge, and that I will update promptly if my circumstances change.

Signature: ____________________________ Date: ____________________________
Financial Conflicts of Interest Disclosure Form
Disclosure Attachment

Complete this Disclosure Attachment to further describe a “yes” answer on your Financial Conflicts of Interest Form. Please use the space below to describe the entity, your relationship to the entity, and how the entity’s activities relate to your research. Please use additional sheets if needed.

Name: ___________________________ Date: ______________

This disclosure relates to Question(s) # _____ of the IU Financial Conflicts of Interest Form.

Name of the entity from which you have received/will receive the disclosed compensation:

Type of entity:

____ Non profit
____ Governmental

____ For profit (publicly-owned)
____ For profit (privately-held)

Briefly describe the outside interest:

[i] The business of this entity? __________________________

[ii] What is the nature of the work for which you, your spouse, registered domestic partner, or dependent children will receive compensation? __________________________

[iii] How does the work you, your spouse, registered domestic partner, or dependent children perform relate to your University research or sponsored program? __________________________

[iv] Is the disclosed interest royalties or licensing fees? Describe the intellectual property these payments are related to? __________________________

[v] Your role(s) and the role(s) of your spouse, registered domestic partner, and dependent children with this entity (shareholder, director, officer, employee, independent contractor, etc)? __________________________

Is this entity or any of its employees using space, equipment or facilities at IU?

Do NOT include IU work done pursuant to sponsored research agreements.

_____ Past 12 months
_____ Next 12 months

If selected either, please identify where and describe work: __________________________

Briefly describe your IU research and sponsored program work:

____ Does your research/sponsored program work involve human subjects?
____ Is your research/sponsored program work funded by NIH or NSF?
____ None of the above.