

PHS Financial Disclosure Form

This form is to be completed by all investigators. The PHI Financial Disclosure Form for the Academic Consortium for Integrative Medicine and Health (“Academic Consortium”) is adapted from the publicly available University of California, Berkeley PHI Financial Disclosure form. Submit this form when requested for pending awards/JIT requests from the Public Health Service (PHS), including the National Institutes of Health (NIH) for financial disclosure. This requirement extends to subawards to the Academic Consortium for Integrative Medicine and Health. For more information, see <https://imconsortium.org/about/introduction>. For assistance, contact the Director of Finance and Operations and COI Coordinator (Karin.Taylor@imconsortium.org).

THIS SUBMITTAL is for a: New Disclosure Updated Disclosure

Disclosing Investigator Name: _____ Email: _____

Academic Department/Institution: _____

Principal Investigator Name (if different from Investigator): _____ Email: _____

Proposal/Project Title: _____

Agency Award Number (if Updated Disclosure) : _____

Proposal Type (please check one):

- Public Health Service (PHS): _____ (name agency)
- Subaward from _____ under PHS prime
- Other (i.e., entity that has adopted PHS regulations) _____
- Subaward from _____ under _____ prime
- This project is a renewal or continuation for which I have already disclosed and been approved by the COI Committee; and I have no new interests; and there have been no changes to what I disclosed previously. Please skip to Certification by Disclosing Investigator.

Disclosure

Provide information about any Significant Financial Interests (SFI) of the disclosing Investigator related to that individual’s institutional responsibilities. For each entity listed below, complete a separate Significant Financial Interests – Entity section of the form.

Entity Name	Disclosure Type (Check all that apply.)	Do these interests relate to the above-referenced PHS-funded research project?
Name: _____ <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Non-Publicly Traded Did you acquire the interest in the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> IP (including royalties, license fees, etc.) <input type="checkbox"/> Stock and/or Stock Options Number of Shares: _____ Estimated Current Stock Value: \$ _____ % of Issued and Outstanding Shares: <input type="checkbox"/> <5% <input type="checkbox"/> 6-10% <input type="checkbox"/> 11-25% <input type="checkbox"/> >26%	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation (required for both yes and no):
Name: _____ <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Non-Publicly Traded Did you acquire the interest in the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> IP (including royalties, license fees, etc.) <input type="checkbox"/> Stock and/or Stock Options Number of Shares: _____ Estimated Current Stock Value: \$ _____ % of Issued and Outstanding Shares: <input type="checkbox"/> <5% <input type="checkbox"/> 6-10% <input type="checkbox"/> 11-25% <input type="checkbox"/> >26%	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation (required for both yes and no):
Name: _____ <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Non-Publicly Traded Did you acquire the interest in the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> IP (including royalties, license fees, etc.) <input type="checkbox"/> Stock and/or Stock Options Number of Shares: _____ Estimated Current Stock Value: \$ _____ % of Issued and Outstanding Shares: <input type="checkbox"/> <5% <input type="checkbox"/> 6-10% <input type="checkbox"/> 11-25% <input type="checkbox"/> >26%	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation (required for both yes and no):

Disclosure (continued)

Entity Name	Disclosure Type (Check all that apply.)	Do these interests relate to the above-referenced PHS-funded research project?
Name: _____ <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Non-Publicly Traded Did you acquire the interest in the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> IP (including royalties, license fees, etc.) <input type="checkbox"/> Stock and/or Stock Options Number of Shares: _____ Estimated Current Stock Value: \$ _____ % of Issued and Outstanding Shares: <input type="checkbox"/> <5% <input type="checkbox"/> 6-10% <input type="checkbox"/> 11-25% <input type="checkbox"/> >26%	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation (required for both yes and no):
Name: _____ <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Non-Publicly Traded Did you acquire the interest in the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> IP (including royalties, license fees, etc.) <input type="checkbox"/> Stock and/or Stock Options Number of Shares: _____ Estimated Current Stock Value: \$ _____ % of Issued and Outstanding Shares: <input type="checkbox"/> <5% <input type="checkbox"/> 6-10% <input type="checkbox"/> 11-25% <input type="checkbox"/> >26%	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation (required for both yes and no):

Attach additional sheets as necessary.

Reimbursed or Sponsored Travel

Report all travel in excess of \$5,000 per entity. Exclude travel that is reimbursed or sponsored by a U.S. federal, state, or local government agency, an Institution of higher education as defined by 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute affiliated with Institution of higher education. **Attach additional sheets as necessary.**

Report any reimbursed or sponsored travel in excess of \$5,000 per entity **not included below** within 30 days after the travel occurs by sending email to Karin.Taylor@imconsortium.org

Recent Travel (last 12 months in excess of \$5,000 per entity)

Entity	Destination	Duration	Purpose of Trip

Planned Travel (upcoming 12 months)

Entity	Destination	Duration	Purpose of Trip
	<input type="checkbox"/> Continental U.S. <input type="checkbox"/> Other	<input type="checkbox"/> 1-5 Days <input type="checkbox"/> 6-10 Days <input type="checkbox"/> Over 10 Days	
	<input type="checkbox"/> Continental U.S. <input type="checkbox"/> Other	<input type="checkbox"/> 1-5 Days <input type="checkbox"/> 6-10 Days <input type="checkbox"/> Over 10 Days	
	<input type="checkbox"/> Continental U.S. <input type="checkbox"/> Other	<input type="checkbox"/> 1-5 Days <input type="checkbox"/> 6-10 Days <input type="checkbox"/> Over 10 Days	
	<input type="checkbox"/> Continental U.S. <input type="checkbox"/> Other	<input type="checkbox"/> 1-5 Days <input type="checkbox"/> 6-10 Days <input type="checkbox"/> Over 10 Days	
	<input type="checkbox"/> Continental U.S. <input type="checkbox"/> Other	<input type="checkbox"/> 1-5 Days <input type="checkbox"/> 6-10 Days <input type="checkbox"/> Over 10 Days	

Significant Financial Interests - Entity

Important: Complete the following pages for each entity with which you have a [Significant Financial Interests \(SFI\)](#) (see Disclosure section), and attach to form.

Name of Entity:	Entity's Address:
Principal Business of Entity:	

SFI - Income

1. If you received any *consulting income* from the Entity, please specifically describe the nature of your consulting activities or services. (If consulting income exceeded \$10,000 within the last 12 months, please attach a copy of the consulting agreement.)

2. If you received other income or payment for services from the Entity, please describe the services for which payment was received.

Relationship with Entity

Impact on Financial Interests

3. Does the PHS-funded research project listed above involve testing of any drugs or devices or the development of a product or service of interest to the entity?

No Yes - if yes, please explain:

4. Does, or will, the Entity manufacture or commercialize any device, procedure, drug, vaccine or any other product that is associated with or that will predictably result from the PHS-funded research project listed above?

No Yes - if yes, please explain:

5. Is it reasonable to anticipate that the Entity could be affected by the PHS-funded research project listed above? Affected may include, but is not limited to, business impact if licensing interest in research results.

No - if no, please explain:

Yes - if yes, please explain:

6. If you, your spouse, registered domestic partner, or dependent child(ren) hold a position of management with the Entity, state the position title, describe the responsibilities of the position, and explain any relationship to this project.

Relationship with Entity (continued)

7. If this proposal includes the Entity as a subcontractor, consortium member, supplier of goods, lessor or other involvement in the project, explain and describe.

Separation of Academic Consortium and Outside Interests

8. How will you keep your interests and obligations to the Entity separate from your Academic Consortium activities associated with the PHS-funded research project listed above? Responses could include examples of a clear division of the Entity's goals and business interests and the aims of the PHS- funded research project listed above.

9. Are there any mitigating factors? (Check all that apply.)

- Entity is one of at least several involved in the research project Entity is a large company with products unrelated to this research
 Other non-conflicted Investigators collect data and perform data analyses None of the above

10. Is the Entity providing any of the following for use in the PHS-funded research project listed above? (Check all that apply.)

- Proprietary data Test material, research tools or drugs Equipment or devices
 Entity's facility Entity's personnel None

Openness of Teaching and Research Environment

11. Are there any undergraduate, graduate or postdoctoral students involved in the PHS-funded research project listed above?

- No - if no, skip to question 14.
 Yes - if yes, please explain:

12. Are you the advisor to any of these students?

- No
 Yes

13. Are there any constraints or restrictions imposed on the reporting of student work?

- No
 Yes - if yes, please explain:

Licensing

14. Do you, your spouse or dependent child(ren) have an inventive or ownership interest in any intellectual property that will be utilized in the PHS-funded research project listed above?

- No - if no, skip to question 16.
 Yes - if yes, provide a brief non-technical description of the intellectual property involved:

Licensing (continued)

15. Please identify the owner of the intellectual property to be utilized in the project:

- Self
- The Regents of the Academic Consortium
- Other (identify):

16. Does the Entity hold rights to a pending application or issued patent to an invention, license right, or copyright for software of yours, your spouse or dependent child(ren)?

- No
- Yes: the license is from the Academic Consortium
- Yes: the application, patent, license or copyright does not involve Academic Consortium-owned intellectual property

17. Please list any previous and pending patents and any recently submitted disclosure of inventions of yours.

Complete the above Significant Financial Interests - Entity section for each entity listed in the Disclosure section and attach to form.

Certification by Disclosing Investigator

I certify under penalty of perjury that this is a complete disclosure of all my significant financial interests related to my institutional responsibilities and I have used all reasonable diligence in preparing this Financial Interest Disclosure, and to the best of my knowledge it is true and complete. I also acknowledge that by signing my name below that it is my responsibility to disclose, within 30 days, any new significant financial interests obtained during the term of the above proposed project.

Signature: _____ Date: _____

The information provided herein may be released or transmitted to the sponsor, including federal agency representatives, and according to the Delaware Public Records Act, may also be released to the public, upon request. These records will be retained for 3 years after termination of sponsored project or until resolution of any action by the sponsor, whichever is greater. The Office of Record is the maintained by the Director of Finance and Operations.