**MANCHESTER UNIVERSITY CONFIDENTIAL**

**PHS/NIH FINANCIAL CONFLICT OF INTEREST (FCOI) DISCLOSURE FORM**

By law ([C.F.R. Part 50 Subpart F](http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=42:1.0.1.4.23)), all Investigators applying for and working on PHS/NIH funded research must disclose significant financial interests (SFIs) that are related to the Investigator’s institutional responsibilities. Investigators are ALL persons, regardless of title or position, who are responsible for the design, conduct, or reporting of research proposed for funding by the NIH, including collaborators or consultants.

In making this certification, all Investigators must disclose SFIs related to his/her institutional responsibilities, aggregated for the Investigator and those of the Investigator’s spouse, domestic partner and dependent children. SFIs are defined below and all SFIs that meet the listed thresholds listed must be disclosed.

* **SFI In Publicly Traded Entities** – the value of remuneration in the 12 months preceding disclosure and the value of any equity interest as of the date of disclosure that, when aggregated, exceeds $5,000.
* **SFI In Non‐Publicly Traded Entities** ‐ the value of remuneration in the 12 months preceding disclosure exceeding $5,000; OR ANY equity interest in a non-publically traded entity (e.g., stock option, or other ownership interest).
* **Intellectual Property -** (IP) rights and interests, upon receipt of income related to such rights and interests (EXCLUDING IP rights assigned to Manchester University and agreements to share royalties related to such rights).
* **Reimbursed or Sponsored Travel** ‐ ANY (and ALL) travel paid on behalf of the Investigator and not reimbursed directly to Investigator so that the exact monetary value may not be readily available (in the last 12 months). This does not include travel on sponsored projects if charged to a grant account, travel that is sponsored by a Federal, State, or local government agency, or service on advisory or review panels for government agencies or institutions of higher education (IHE) or facilities affiliated with IHEs.

An SFI does **NOT** include:

* Salary, royalties, or other remuneration paid by Manchester to the Investigator, if the Investigator is currently employed or otherwise appointed by Manchester, including income from IP rights assigned to Manchester;
* Income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles;
* Income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education; or
* Income from service on advisory committees or review panels for a federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

Investigators MUST update Disclosures annually during PHS/NIH funded-research and within 30 days of discovering or acquiring a new disclosure.

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**MANCHESTER FINANCIAL CONFLICT OF INTEREST (FCOI) DISCLOSURE FORM FOR NIH**

|  |  |
| --- | --- |
| **Investigator:** |  |
| **Dept.:** |  |
| **Email:** |  |
| **Campus Phone:** |  |

|  |  |  |
| --- | --- | --- |
| **Project status:** (circle one) | New | Current |

|  |  |
| --- | --- |
| **Application Due Date** (if new): |  |
| **Project Title:** |  |
| **Role on Project:** |  |

(PI, Co-PI, Senior/Key Personnel, Consultant, Other Investigator, Unpaid Consultant/Collaborator, Other)

**CIRCLE CHOICE 1 or 2.** If choice number 2 applies, continue with remainder of page.

1. I hereby certify that I have read and understand the Manchester PHS/NIH FCOI Policy. I certify that to the best of my knowledge neither I, my spouse, partner, nor my dependents hold an SFIs that would reasonably appear to be related to my research, teaching, and service responsibilities to Manchester University.
2. I have the following relationships, affiliations, activities, or interests which constitute SFIs under the Manchester PHS/NIH FCOI Policy:

**(Please describe the SFI below or attach PDF)**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Investigator Signature:** | **Date:** |

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**REVIEW OF DISCLOSURE BY CONFLICT MANAGER**

1. **Does FCOI exist?** (circle one)

|  |  |
| --- | --- |
| Yes No |  |
| **Conflict Manager Signature** | **Date:** |

If yes, proceed to question 2.

1. **If FCOI exists, is it manageable?** (circle one)

Yes No

If yes, proceed to question 3.

## If manageable, describe the management plan (in space provided or attach pdf).

**Conflict Manger Signature**:

**Date:**

**REVIEW OF FORM BY INVESTIGATOR**

After review of the disclosure this form should be returned to the Investigator for his/her signature to confirm acknowledgement of the decision and/or the management plan.

**Investigator Signature:**

**Date:**