

## Marshall University Significant Financial Interest Disclosure

This form is provided by the Marshall University Office of Research Integrity. The intent of this questionnaire is to help you identify any significant financial interest you have that may affect or be affected by research or other activities you are conducting at the University.

This annual survey is being conducted pursuant to federal regulations. The main goal of those regulations is to ensure that an investigator's financial interests do not compromise the integrity of research or create the perception that research could be affected by financial interests. Other goals include maintenance of public trust through disclosure and management of conflicts.

For U.S. Department of Health and Human Services Public Health Service (PHS) funded grants, education is required of each individual initially and at least every four years.

For PHS funded grants, education is required immediately when:

- Financial conflict of interest policies are revised in a manner that changes investigator requirements.
- An investigator with a PHS award is new to Marshall University.
- An Investigator is non-compliant with financial conflict of interest policies and procedures.

**These regulations do not prohibit financial relationships that might benefit investigators, but they do require that these be fully disclosed and managed.**

The following statements apply to you as an investigator involved in research conducted at Marshall University. The term "I" includes you, as a covered individual, and your immediate family members. The term "sponsor" includes any entity (other than Marshall University or one of its affiliated organizations) that financially supports the research that you do. The term **“immediate family member”** is a spouse, parent, child or spouse of a child, brother, sister, or spouse of a brother or sister, of an interested person.

If you are at all unsure whether your particular situation constitutes a significant financial interest, it is advisable to err on the side of disclosure. Based on your disclosures, you may be contacted to provide additional explanation or information. If you require assistance, please contact the Conflict of Interest Specialist of the Office of Research Integrity (ORI) at (304) 696-4365.

### **Procedures for Completion/Submission:**

1. Complete this form either by hand or as a Word document. The form must be signed by you and your immediate supervisor **prior** to submission.
2. The signed paper form can either be sent via campus mail to “MURC/ORI” or it can be scanned as a PDF and emailed to ORI at [l.taylor@marshall.edu](mailto:l.taylor@marshall.edu).

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Department Chair/Supervisor: \_\_\_\_\_

Please select the item(s) that apply to you.

- I am involved in research that is financially supported by funds that originate from an entity other than Marshall University, Marshall University Research Corporation, or affiliated organizations.
- I am involved in research that is not externally sponsored.
- I am not currently involved in research, whether sponsored or non-sponsored.

I am employed by:

- Joan C. Edwards School of Medicine
- School of Pharmacy

*(If employed by either or both, your SFID will be provided to Beth Hammers, Executive Director for Marshall Health and you will not be required to complete a similar document)*

Have any changes occurred since your last annual SFID submission?

- This is my first SFID.
- Yes
- No *(If no changes have occurred since your last submission you can skip to Signature Section)*

**1. Ownership Interests**

Do you and your immediate family members in the aggregate own more than five percent (5%) or \$5,000 (whichever is less) ownership interest in any private or public corporation, partnership, proprietorship, trust, joint venture and every other business interest, including real estate used for income, and specific stocks or an interest of any amount in a non-publicly traded company that an independent observer might reasonably determine could affect or compromise, or appear to affect or compromise research?

- Yes *(If yes, provide additional information below)*
- No

List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including real estate used for income, and specific stocks in which either you or your immediate family member has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your immediate family members hold an interest of **any amount in a non-publicly traded company**, you must disclose the interest. If you or your immediate family member own more than 5% of a business, you must disclose the percentage held.

Business Name:

Business Address:

Type of Business:

Description of Interest:

% Ownership Interest:

Held by Whom:  Self  Family Member

For this interest, has an ownership arrangement been entered into where the value of the ownership interests will be affected by the outcome of the research?  Yes  No

## **2. Family Member Involvement**

Do you have an immediate family member (a spouse, parent, child or spouse of a child, brother, sister, or spouse of a brother or sister) who will be part of your research team?

Yes *(If yes, provide additional information below)*

No

Family member name:

Relationship:

Role in the research:

Qualifications:

## **3. STEP: Gifts or Honoraria**

Do you and your immediate family members, in the aggregate, receive more than \$100 in gifts and / or \$5,000 in honoraria, from any entity such that, to an independent observer, your research could be affected? For example, are the things of value from an entity that has financial interest that, to an independent observer, could be related to your research? (Gifts and / or honoraria may be due to lecturing, travel, service on an advisory board, or for any other purpose not directly related to the reasonable costs of conducting the research.)

Yes *(If yes, provide additional information below)*

No

List any person or business from whom you or your immediate family member, individually or collectively, have received gifts in excess of \$100, honoraria or any other thing of economic or monetary value having an aggregate value greater than or equal to \$5,000 in the preceding 12 months.

Person/Business Giving Gift/Honoraria:

Address:

Type of Gift/Honoraria Received:

Received By:  Self  Family Member

For this entity, has a compensation arrangement been entered into where the amount of compensation will be affected by the outcome of the research?  Yes  No

#### **4. Receipt of Compensation**

Do you and/or your immediate family members, in the aggregate, receive more than \$5,000 in salary, consulting fees, wages or retainers from any entity other than the Marshall University or the Marshall University Research Corporation, and are the circumstances such that, to an independent observer, your research could be affected? For example, are the things of value from an entity that has financial interests that, to an independent observer, could be related to your research?

- Yes *(If yes, provide additional information below)*  
 No

List all such businesses from which you and/or your immediate family member received \$5,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns. This does not include compensation through Marshall University or the Marshall University Research Corporation.

Name of Business:

Address:

Type of Business:

Type of Compensation:  Consulting Fee  Retainer  Salary  Wages  
 Other *(describe)*:

Will the compensation be affected by the outcome of the research?  Yes  No

#### **5. Officer of an Organization**

Do you or any member of your immediate family occupy any of the following positions: officer, director, associate, partner, member or proprietor of any corporation, sole proprietorship, partnership, or limited liability company or any other business venture, and are the circumstances such that, to an independent observer, your research could be affected? For example, is the position with an entity that has any financial interest that, to an independent observer, could be related to your research?

- Yes *(If yes, provide additional information below)*  
 No

List any organization or business in which you or your immediate family member hold such a position of officer, director, associate, partner, or proprietor at the time of filing, the position held, person holding the position and whether any compensation is received for filing that position.

Business Name:

Address:

Position Held:  Associate  Director  Officer  Partner  Proprietor

Held by Whom:  Self  Family Member

Compensation Received:  Yes  No

## **6. Intellectual Property Interest**

Do you and/or your immediate family members, in the aggregate, receive royalty income or have a right to receive future royalties under a patent license or copyright, where your research is related to the licensed technology or work; or have other intellectual property interest where your research is related to the licensed technology or work?

Yes *(If yes, provide additional information below)*

No

List the project title, technology, sponsor, and patent of any project generating royalty income as described above.

Project Title:

Technology:

Sponsor (if any):

Patent # (if any):

## **7. Extraneous Research Payments**

Do you or any member of your immediate family receive non-royalty payments or entitlements to payments in connection with the research that are not directly related to the reasonable costs of research (enrollment bonuses, milestone payments, etc.)?

Yes *(If yes, provide additional information below)*

No

List the project title, payment type and payment amount for any project generating non-royalty payments or entitlements.

Project Title:

Payment Type:

Payment Amount:

## **8. Use of Supervised Individuals**

Do students, interns, fellows, or other trainees under your supervision or mentorship participate in research projects in which you and/or your immediate family have a significant financial interest?

Yes *(If yes, provide additional information below)*

No

List the project title, the nature of the relationship with the student, intern, fellow or trainee, and the sponsor for any such project.

Project Title:

Relationship with Individual:

Project Sponsor:

**COI Management Plan**

For any relationships identified above, please provide a brief plan for eliminating, reducing, or managing those conflicts. Please consult with your Chair or Dean in addressing the conflicts and developing a suitable management plan that they can approve. To assist you, frequently used elements of management plans can be found in Appendices 3 and 4 of Marshall University's Conflict of Interest Policy found on the Research Integrity Program webpage. *(Management Plan can be submitted separately if desired)*

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**Signature Section**

**Researcher Acknowledgment:** By submission of this form I hereby acknowledge that I have read and understand the Conflict of Interest Policy and the Guidelines for Conflicts of Interest in Research and that the aforementioned facts and situations indicate all potential Research Conflicts of Interest with regard to my position at the University according to the Policy and Guidelines. If I have none, I have so indicated in the spaces provided. I acknowledge that I have a continuing obligation to file an updated form prior to filing the next annual disclosure of Significant Financial Interest, if changes arise that may either give rise to a potential Research Conflict of Interest or eliminate a conflict previously discussed.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor Acknowledgment:** By signing this submission you hereby acknowledge receipt and review of this Significant Financial Interest Disclosure.

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Signature \_\_\_\_\_ Date \_\_\_\_\_