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| **Significant Interest: Relatedness Assessment** | | | | | | | | | | | | | | |
| Individual’s Name: | |  | | | | | | | Date of Financial Disclosure: | |  | | | |
| Reviewer Initials: | |  | | | | | | | Date of Review: | |  | | | |
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| **Outside Activity** | | | | | | | | | | | | | | |
| The following table will be entered by the Conflict of Interest Office. These outside interests are termed **significant financial interests (SFIs)** since the compensation you’ve received is greater than $5,000 per annum in the preceding 12 months. | | | | | | | | | | | | | | |
| Name of Entity | | | | Role/Responsibility | | | | | | Amount of Financial Interest (preceding 12 months) | | | | |
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| If you have any outside activities that are not listed, log in to OAR <http://webcentral.uc.edu/oarv2/> and update your outside activity report. | | | | | | | | | | | | | | |
| **Research** | | | | | | | | | | | | | | |
| Below is a list of federally-funded grants of which you have a role. Please add missing grants where you meet the definition of “investigator” according to PHS regulations. Please add any clinical studies to the list ***only*** if you meet the definition of “investigator” for the clinical protocol. Remove/do not include any studies of which you do not meet this definition.  *PHS Definition of investigator:* *Investigators are defined as the “project director or principal investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research which may include, for example, collaborators or consultants” (42 CFR Part 50.603).* | | | | | | | | | | | | | | |
| Coeus Award #, Grant#, or  IRB protocol # | Sponsor | | | | | Title of Project | | | | | | Role | | Additional Roles\* |
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| **Additional Roles:** | | | | | | | | | | | | | | |
| A. Design of the study  B. Enrolling research participants  C. Collaborator/consultant  D. Supervising individuals involved with the research  E. Collecting/analyzing/reviewing Data | | | | | | | F. Oversight of the research  G. Member of the research team  H. Mentor  I. Reporting the results | | | | | | | |
| **Additional Information Required** | | | | | | | | | | | | | | |
| Please respond to the following questions. Please provide specific details so that the Conflict of Interest Committee can be fully informed of the outside activity in order to evaluate any potential conflicts of interest. | | | | | | | | | | | | | | |
| 1. Do any of the entities listed as significant financial interests (SFIs) sponsor or provide funding for any of your research? If Yes, describe: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 2. Do any of the entities listed as SFIs manufacture or distribute a drug, device, or other product being studied in any of your research or a directly competitive drug, device or other product? If Yes, describe: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 3. Do any of the entities listed as SFIs receive or provide materials or data used or generated in any of your research projects or have a collaborative role related to any of these projects? If Yes, describe: | | | | | | | | | | | | | | |
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| 4. Could the outcome of any of your research projects affect the value, development, or marketability of any products sold or manufactured by any entities listed as SFIs? If Yes, describe: | | | | | | | | | | | | | | |
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| 5. Do you share any data with entities listed as SFIs prior to making the data publicly available? If Yes, describe: | | | | | | | | | | | | | | |
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| 6. Identify any intellectual property for which there is an agreement entitling you to royalties that is used or evaluated in any of your research projects: | | | | | | | | | | | | | | |
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| **Conflict of Interest Office Only** | | | | | | | | | | | | | | |
| **Date Form Received**: | | |  | | | | |  | | | | | | |
| **Determination:** | | | | | | | | | | | | | | |
| Approved: SFIs unrelated to PHS research | | | | | | | | | | | | | | |
| Approved: CMP is actively in place | | | | | | | | | | | | | | |
| Tabled: Additional information needed from researcher | | | | | | | | | | | Date: | |  | |
| Tabled: CMP may be needed—COI Committee to review relatedness form | | | | | | | | | | | Date: | |  | |
| Approved: COI Committee determined SFIs not related to PHS research | | | | | | | | | | | Date: | |  | |
| Approved: CMP developed and approved by COI Committee and VP for Research | | | | | | | | | | | Date: | |  | |
| **Rationale** (if needed): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Institutional Official Signature: | | | | |  | | | | Date: | |  | | | |