This form must be completed as part of the [Cardiff Met Financial Conflict of Interest (FCOI) Policy for US Public Health Service funded research](https://www.cardiffmet.ac.uk/research/Documents/Research%20Integrity/NIH%20FCOI%20Policy.pdf). The full NIH FCOI Policy can be found [here](https://grants.nih.gov/grants/policy/coi/index.htm).

All members of a research team working on an NIH funded project (known as “Investigators”) are required to complete this form.

Completed forms should be returned via email to Orla Govers in R&I Services.

|  |
| --- |
| **SECTION 1**To be completed by the Investigator working on the NIH funded project |
| Name: | Click here to enter text. |
| School: | Click here to enter text. |
| Project Title: | Click here to enter text. |
| Name of Principal Investigator on project: | Click here to enter text. |
|  |
| **Indicate below the reason why you are making this declaration** |
| I am applying for NIH funding | [ ]  |
| I have discovered or acquired (eg through purchase, marriage or inheritance) a new Significant Financial Interest (a declaration MUST be made within 10 days) | [ ]  |
| I am making an annual declaration as required by the NIH | [ ]  |
|  |
| **DECLARATION** Select one of the options below |
| A: I do not have any current financial conflict of interests connected to this project | [ ]  |
| B: I have a potential financial conflict of interest (give full details below) | [ ]  |
| **If you have chosen option B, give full details of the potential financial conflict of interest in the box below** |
| Click here to enter text. |
| By signing this form, I confirm that* I have completed this declaration to the best of my knowledge and have considered all the potential financial conflicts of interest related to me, my spouse and dependent children.
* I have undertaken NIH online FCOI training within the last four years
* I have read and understood the Cardiff Met Financial Conflict of Interest (FCOI) Policy for US Public Health Service Funded Research and the [Cardiff Met Research Integrity & Governance Framework](http://www.cardiffmet.ac.uk/business/Documents/Research%20gov%20framework%20and%20integrity.pdf)
 |
| Signed: |  | Date: | Click here to enter text. |
|  |
| **SECTION 2**To be completed by the relevant Associate Dean of Research within 10 days of the declaration made in Section 1 Please select EITHER A OR B below |
| A. | The individual named above has confirmed that they **have no** potential financial conflicts of interest connected to this project and I am satisfied that this is the case. | [ ]  |
| B. | The individual named above has confirmed that they **do have** potential financial conflicts of interest connected to this project.  | [ ]  |
| **Where B has been selected, please consult with the individual named to provide the following information:** |
| Name of the entity with which the individual has a potential FCOI | Click here to enter text. |
| Nature of the financial interest (eg equity, consulting fee, travel reimbursement, honorarium)For sponsored travel reimbursement include, as a minimum, details of:* the nature of the trip
* name of the sponsor / organiser
* destination
* duration
 | Click here to enter text. |
| Estimated value of the financial support | Click here to enter text. |
| Any additional information you would like to include | Click here to enter text. |
|  |
| Name: | Click here to enter text. |
| Signature: |  | Date: | Click here to enter text. |
|  |
| **SECTION 3**To be completed by the Director of Research within 10 days of the declaration made in Section 1  |
| I have reviewed the information provided in this form and have met with the ADR to review the Significant Financial Interest. As a result I can confirm that (select either A or B below) : |
| There is no conflict of interest | [ ]  |
| There is a conflict of interest and I therefore request R&I Services to make an FCOI declaration to the NIH on my behalf (within the 60-day deadline or within 30 days for new disclosures) | [ ]  |
|  |
| Name: |  |
| Signature: |  | Date: | Click here to enter text. |
|  |
| **Please email completed forms to** Orla Govers in R&I Services |