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](mailto:ogovers@cardiffmet.ac.uk) in R&I Services.

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| **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](mailto:ogovers@cardiffmet.ac.uk) in R&I Services | | | | | | | | |