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/Pages/Research-Integrity-and-Governance.aspx). 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. Please refer to the Cardiff Met Policy for full details of when this form must be completed.

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