



Disclosure and Consent Form for Significant Financial Interests of Investigator / Spouse / Child(ren)

Conflict of Interest for National Institutes of Health (NIH), Public Health Service (PHS) and Health and Human Services (HHS) Funding Information Memorandum (the “Info Memo”)

This Form is to be completed in conjunction with the Info Memo

Date:	NIH PHS HHS	NIH/PHS/HHS Grant No. (if known)	
Lead Institution: (receiving prime award)		Lead Project Director (PD) / Principal Investigator (PI) for prime award	
Lead Queen’s PD/PI (if prime award at another Institution)		Queen’s lead is Co-PD/PI?	No Yes
Name of Investigator:		Relationship of Investigator to Queen’s: (or title / position)	
Proposed role or role of Investigator in NIH/PHS/HHS Project:			
Mandatory Training for NIH/PHS/HHS Financial Conflict of Interest Regulation Completed?	No: Yes: Date: <i>If Yes, please provide a copy of the Certificate of Completion to URS when submitting this Form.</i>		
Title of Research Project:			

For options A, B, or C below, please ensure that you complete PARTS I, II and III

PART I: Disclosure of Significant Financial Interests (SFIs) for previous 12 months or new

1.1 Please choose A, B or C

If you choose A or B, please complete PARTS II and III, and sign and date this form. Give the completed form to the Designated Official.

If you choose C, please complete Appendix 1, detailing your significant financial interests. Then please also complete PARTS II and III, and sign and date the form. Give the completed form to the Designated Official.

- A. I have completed this disclosure and consent form within the past 12 months (date of completion: _____) and I declare that there have been **no changes in my significant financial interests** since that date. Please **proceed to PARTS II and III**.
- B. In accordance with the Conflict of Interest Info Memo for NIH/PHS/HHS funded projects, I hereby declare that I **do not have** any significant financial interests. Please **proceed to PARTS II and III**.
- C. In accordance with the Conflict of Interest Info Memo for NIH/PHS/HHS funded projects, I hereby declare that either myself, my spouse or child(ren) **have** significant financial interests and I list them in **Appendix 1**. Please **also complete PARTS II and III**.

PART II: Consent for Collection and Disclosure of Personal Information (for compliance with Province of Ontario's Freedom of Information and Protection of Privacy Act, R.S.O. 1990). Complete for A, B or C sections above.

2.1 Consent for collection of personal information

Please **initial** the following boxes, indicating your agreement with the statement:

I understand that the personal information on this form is collected under the authority the Royal Charter of Queen's University for authorized purposes including administration of employment and research records and will be protected in accordance with the requirements of Ontario's *Freedom of Information and Protection of Privacy Act*. Personal information may be disclosed to academic and administrative units according to Queen's policy, and reporting requirements to NIH/PHS/HHS, as required. For details on the use and disclosure of this information, please call the Designated Official at 613 533 6081.

2.2 Consent for disclosure of personal information

I voluntarily authorize Queen's Designated Official to disclose all information related to the significant financial interests disclosed in Appendix 1, to [please select from sponsor list below]:

National Institutes of Health (NIH)

Public Health Service (PHS)

Health and Human Services (HHS)

for the purpose of compliance with the United States regulations *42 CFR Part 50 and 45 CFR Part 94*.

I voluntarily authorize the Designated Official to disclose the information on this form to any personnel of Queen's as deemed necessary by the Designated Official in order for that Designated Official to assess, in accordance with the Info Memo, whether the significant financial interest disclosed on this form constitute financial conflicts of interest (FCOI).

In the event that the Designated Official determines that any significant financial interest that I have disclosed on this Disclosure and Consent Form constitutes a financial conflict of interest, **I voluntarily authorize** Queen's Designated Official to declare such information to the NIH/PHS/HHS, as applicable, and to post any or all information collected on this form pertaining to that financial conflict of interest on a public website or release it in response to a written request, pursuant to the Info Memo.

This permission will exist for the following dates: _____ to _____
 (the permission should be granted from the **start-date** of the award to the **end-date** of the award + 3 years)

PART III: Acknowledgment Regarding Revocation of Consent to Disclose

NOTE: Consents may be revoked at any time by so indicating in writing to the Designated Official

3.1 As the Investigator:

- (a) I acknowledge that, at any time, I may notify the Designated Official that I no longer wish to apply for and /or work on a research project funded by NIH/PHS/HHS. In such event, or in any other event that my consent (or the consent of my spouse or dependent child) for disclosure is revoked, I acknowledge that Queen's must notify the applicable funding agency (NIH, PHS, HHS, or in the case of a subcontract, the prime award recipient) that I am no longer compliant with the funding agency's requirements. I acknowledge that, as a result of such noncompliance, I could be subject to:
 - (i) penalties imposed by the funding agency at their discretion (an example of a penalty includes but is not limited to: revoking permission for the Investigator to apply for any further research project funding from that funding agency and/or other funding agencies);
 - (ii) requests by the funding agency that I pay back all funds that have been paid by the funding agency to Queen's; and/or
 - (iii) refusal by the funding agency to send any further funds to Queen's for the research project.

- (b) I acknowledge that, in the event that such notification to the applicable funding agency is made, Queen's is in no way responsible for:
 - (i) repayment of funds to the funding agency;
 - (ii) reimbursement of committed or non-cancellable costs of my research project that arise because there is no further funding coming from the funding agency; and/or
 - (iii) any penalties that may be assessed at the discretion of the funding agency.

Investigator Signature	Date signed:
Please print name:	

Appendix 1

PART I (Continued): Disclosure of Significant Financial Interests (SFIs) (for previous 12 months or new)		
1.2 Non-Travel Significant Financial Interests (please list sponsored/reimbursed travel in section 1.3, below)		
<i>Please replicate this information for each SFI. Attach additional pages as necessary</i>		
Name of entity in which I / my spouse / my child(ren) [specify] have a SFI		
Annual value of SFI (in Canadian dollars). <i>Please report the annual range using these parameters:</i>		
\$0 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$19,999
Amounts between \$20,000 - \$100,000 by increments of \$20,000		Amounts above \$100,000 by increments of \$50,000
A statement that a value cannot be readily determined:		
What is the nature of the SFI? (e.g., salary earned from ...)		
For use by Designated Official only:		
Related to Investigator's Institutional responsibilities?	Related to the NIH/PHS/HHS-funded research project?	If related to project, Financial Conflict of Interest (FCOI)?
No Yes	No Yes	No Yes

Significant Financial # 2 (or other number _____ if photocopies pages added)		
<i>Please replicate this information for each SFI. Attach additional pages as necessary</i>		
Name of entity in which I / my spouse / my child(ren) [specify] have a SFI		
Annual value of SFI (in Canadian dollars). <i>Please report the annual range using these parameters:</i>		
\$0 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$19,999
Amounts between \$20,000 - \$100,000 by increments of \$20,000		Amounts above \$100,000 by increments of \$50,000
A statement that a value cannot be readily determined:		
What is the nature of the SFI? (e.g., salary earned from ...)		
For use by Designated Official only:		
Related to Investigator's Institutional responsibilities?	Related to the NIH/PHS/HHS-funded research project?	If related to project, Financial Conflict of Interest (FCOI)?
No Yes	No Yes	No Yes

Please photocopy and attach extra pages for **Non-Travel** Significant Financial Interests, as needed

Please complete any **Travel** SFIs, below, if applicable, and please remember to **complete PART II and PART III**, above.

1.3 Significant Financial Interests in the form of sponsored / reimbursed Travel (for previous 12 months or new)					
Name of Entity: (sponsor or organization)			Purpose of Travel:		
Origin:	Destination:		Dates of Travel: From: To:		
Value: (Canadian dollars) \$			Trip # (please copy additional pages as required)		
For use by Designated Official only:					
Related to Investigator's Institutional Responsibilities		Related to the NIH/PHS/HHS-funded research project?		If related to project, Financial Conflict of Interest?	
Yes	No	Yes	No	Yes	No

Please photocopy and attach extra pages for Travel SFIs, as needed.

Please remember to **complete PART II and PART III**, above