Loyola University Maryland
PHS/NIH Significant Financial Interest Disclosure Form

Investigator's Full Name_____

Department_____

Title of Project_____

Project Role: PI _____ Co-PI _____ Senior/Key Personnel _____ Consultant _____ Other _____

Certification

1. Do you or any member of your immediate family (spouse, partner, or dependent children) have any Significant Financial Interests (SFI) in a Publicly-Traded Entity that might reasonably appear to be related to your Institutional Responsibilities as defined in the PHS/NIH Conflict of Interest Policy? (An SFI for publicly-traded entities exists if the value of any equity interest as of the date of disclosure combined with any remuneration in the past 12 months exceeds $5,000.)

   _____ yes _____ no

2. Do you or any member of your immediate family (spouse, partner, or dependent children) have any Significant Financial Interests (SFI) in a Privately-Held Entity that might reasonably appear to be related to your Institutional Responsibilities as defined in the PHS/NIH Conflict of Interest Policy? (An SFI for privately-held entities exists if the value of any remuneration in the past 12 months exceeds $5,000, or when the Investigator or immediate family holds any equity interest.)

   _____ yes _____ no

3. Have you or any member of your family (spouse, partner, or dependent children) received any income related to intellectual property rights and interests that might reasonably appear to be related to your Institutional Responsibilities as defined in the PHS/NIH Conflict of Interest Policy? (Do not include any intellectual property that has been assigned to Loyola University Maryland.)

   _____ yes _____ no

4. In the past 12 months have you undertaken any travel related to your Institutional Responsibilities as defined in the PHS/NIH Conflict of Interest Policy that was either reimbursed or paid for by any individual entity other than a federal , state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institution that is affiliated with an institution of higher education.

   _____ yes _____ no

Submit the signed Form to the ORSP.

I have read, understand, and will comply with the Loyola University Maryland Conflict of Interest Policy Pertaining to Sponsored Projects Pertaining to Sponsored Projects Supported by the National Institutes of Health and other entities of the Public Health Services. I certify that the information provided above and in any attachments hereto is accurate and complete to the best of my knowledge as of the date written below. I will submit an updated Disclosure Form if at any time from the date the Form for this proposal is submitted through the termination of the grant award any new reportable Significant Financial Interests are obtained or if there is a material change in an existing Significant Financial Interest. The updated Disclosure Form will be submitted to the ORSP within 30 days of the change.

Signature of Investigator _____Date_____