The Research Foundation for The State University of New York
SUNY DOWNSTATE MEDICAL CENTER

Sponsored Programs Administration

Consultant FCOI

The Objectivity in Research / FCOI policy, entitled *Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is* Sought, 42 CFR Part 50, Subpart F ("PHS Regulations") requires each *Investigator* to disclose their Financial Conflicts of Interest.

At SUNY Downstate, the definition of an ***Investigator*** is a SUNY or RF employee who is the project director or principal investigator and any other person, including a student or post-doctoral fellow, *regardless of title or position*, who is responsible for the design, conduct or reporting of research funded by the PHS, or proposed for such funding, which may include, for example, collaborators or consultants.

PI Name: _____ Sponsor: _____

Project Title: _____ Award #: _____

Anticipated Start Date: _____ Anticipated End Date: _____

Consultant Name: _____ DBA: _____

Approved in Budget? YES ◯ NO ◯ If no, explain:

_____ _____/_____/_____

Downstate/RF PI Signature Date

The Consultant identified below IS ◯ IS **NOT** ◯ an investigator by DMC definition

If the investigator is NOT an investigator, no further action is required

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IF the Consultant identified below IS an investigator … and does not have or does not work for an institution that has an established Objectivity in Research / FCOI policy, entitled *Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought*, 42 CFR Part 50 Subpart F ("PHS Regulations"), the following must be completed.

The Consultant must comply with and be subject to The Research Foundation for SUNY's policy on Financial Conflicts of Interest and Research. No payments will be made until the consultant completes all requisite training and disclosures in COI-SMART. Work may commence only once this is complete. Retroactive payments are not allowable.

Consultant Name: _____ Email address: _____

Institution (if applicable): _____

Address: _____

DUNS #: _____ SSN/EIN #: _____ Amount: _____

Please provide a description of the project, including your role as Consultant:

_____

_____

_____

_____ _____/_____/_____

Consultant Signature *Date*