

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

## Office of Research Administration, Pre-Award Division

## **Consultant FCOI Exemption Request**

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. The requirement defines an *Investigator* as an individual who is considered to be essential to the work performance (including study and/or research coordinators), or any other person, regardless of title or position, who is responsible for the design, conduct or reporting of research.

The **Consultant** identified below does <u>not</u> have or does <u>not</u> 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 completion of this form is required to comply with and be subject to The Research Foundation for SUNY's policy on Financial Conflicts of Interest and Research. You must complete all of the information below and submit completed forms via email to <u>researchgrants@downstate.edu</u>.

| Consultant Name:                        |                             | Email address: |
|---|-----------------------------|----------------|
| Institution (if applicable):            |                             |                |
| Address:                                |                             |                |
| DUNS #:                                 | SSN/EIN #:                  | _Amount:       |
| RF SUNY PI:                             |                             | Email address: |
| Project Title:                          |                             |                |
| Sponsor:                                |                             | Award #:       |
| Anticipated Start Date:                 | Anticipate                  | d End Date:    |
|   |                             |                |
|   |                             |                |
| ☐ I meet the definition of <i>Inves</i> | stigator as outlined above. |                |
|   |                             | 1 1            |
| Consultant Signature                    |                             |                |
| RFSUNY PI Signature                     |                             |                |