

DMC FINANCIAL DISCLOSURE FORM

All Investigators must complete this form. “Investigator” includes the project director, principal investigator, co-investigator or any other person, regardless of title or position, **RESPONSIBLE** for the design, conduct or reporting of research, including collaborators or consultants.

NOTE: Individuals who do not make independent decisions regarding the design, conduct or reporting of the activity in question and only work on or are engaged in the activity do **NOT** meet the definition of an investigator.

Date of Disclosure:

Name:

Title/Position (*If you are a collaborator/consultant from an entity other than DMC, list title/position and your affiliated institution/entity*):

Department:

Phone #:

Fax #:

Box #:

Email Address:

*******Guidelines: Please Read Before Completing Disclosure Form*******

1. Some of the questions below pertain only to investigators seeking funding (or who have been funded) by the United States Public Health Service, PHS. PHS includes these agencies:

- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Centers for Disease Control and Prevention (CDC)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

2. **Many sponsors**, such as American Heart Association, American Cancer Society, Arthritis Foundation, Susan G. Komen Foundation, and the Alliance for Lupus Research **have adopted or will soon adopt some or all of the PHS standards for FCOI**. It is your responsibility to be aware of your sponsor's requirement for FCOI. **If the sponsor has adopted the PHS standards, be sure to answer the questions relating to ‘PHS funds’ as well by completing ALL sections & questions of this disclosure form.**

3. Investigators are required to complete the Health Care Compliance Strategies (HCCS) COI training program upon hire, prior to engaging in research, every for (4) years and in other specific circumstances. Please ensure you have a valid COI training completion certificate on file. If you have questions regarding your COI training, please contact the Office of Compliance & Audit Services at 718-270-4033/ 2095/ 6734 or email Jessica.chen@downstate.edu.

A. CATEGORY OF INDIVIDUAL FILING DISCLOSURE

Please choose your applicable function/ role:

DMC "Investigator" (See definition on previous page)

Collaborator/Consultant from another institution receiving PHS funds via a subcontract from DMC's Research Foundation

- Does the sub-recipient agreement/subcontract state that your own institution's COI policy will apply to this activity?

Yes My institution will send any identified FCOI's for me to DMC in accordance with DMC's requirements: (1) At the time of the initial agreement execution, prior to expenditure of funds; (2) On an annual basis; and (3) Within thirty (30) days of any subsequently identified SFI.

No DMC's Research COI policy will apply to this activity. I am submitting my disclosure at this time, as required by that policy.

External Collaborators/ Consultants enter the following information:

Grant Title:

DMC PI:

Agency/Sponsor:

Award Start Date:

Other, Specify:

B. REASON FOR DISCLOSURE

You are *currently* an investigator (see definition), collaborator or consultant on a proposal submitted (identified below) for PHS funding prior to August 24, 2012 and have received an award notice from PHS with an issue date of August 24, 2012 or later. COMPLETE SECTIONS C (ALL QUESTIONS) AND SECTION D.

You are an investigator (see definition), collaborator or consultant submitting a new proposal (identified below) for funding from a **PHS agency**. COMPLETE SECTIONS C (ALL QUESTIONS) AND SECTION D.

You are an investigator (see definition), collaborator or consultant submitting a new proposal (identified below) for funding from a **non- PHS agency** (i.e., non-federally funded) or for a self- funded study. COMPLETE SECTIONS C, QUESTIONS 1-6 AND SECTION D.

You are submitting your required annual disclosure no later than the anniversary date of the issuance of the award (this must be continued on an annual basis throughout the life of the award). COMPLETE SECTIONS C (ALL QUESTIONS) AND SECTION D.

You are amending a disclosure already on file, and/or you are adding:

- A new significant financial interest (SFI);
or
➤ (If PHS funded, but not a Phase I SBIR, STTR) a new travel disclosure.

If you check this option: The revised disclosure must be made within thirty (30) days of discovery/acquisition /occurrence of new SFI's or new travel AND If you are checking this box, only complete those sections for which you are amending your prior disclosure.

DMC PI:

Grant Title:

Agency/Sponsor:

Award Start Date or Deadline:

C. DISCLOSURE DETAILS

Remuneration includes salary and any payment for services not otherwise identified as salary (such as consulting fees, honoraria, paid authorship). Remuneration excludes income from investment vehicles, such as mutual funds and retirement accounts, as long as the investigator does not directly control the investment decisions made in these vehicles; and income from seminars, lectures or teaching engagements sponsored by and service on advisory or review panels for a Federal, State or local government agency, an institution of higher education, an academic teaching hospital, a medical center or a research institute that is affiliated with an institution of higher education. **NOTE: Spouse includes domestic partners.**

Institutional responsibilities are defined as all activities within an investigator's field of scientific expertise or medicine for which DMC has hired the Investigator to perform and for which the Investigator is paid by DMC. This may include activities such as research, research consultation, teaching, professional practice, administrative, purchasing, institutional committee memberships and service on panels such as the IRB or Data Safety Monitoring Boards.

1. Outside Employment

Do you, your spouse or dependent children hold any outside employment, whether public or private, for the preceding twelve (12) months and/ or anticipated for the next twelve (12) months?

No **Yes -> Identify below: (if additional entries are required, use last page)**

Position	Entity Name & Address	Nature¹	Description of Responsibilities
-----------------	----------------------------------	---------------------------	--

2. Interests Relevant to Duties at DMC

Do you, your spouse or dependent children have any financial² or general interest³ or any employment or occupation that you believe may be relevant to the exercise of your duties on behalf of DMC?

No **Yes --> Identify below: (if additional entries are required, use last page)**

Name	Relationship	Entity	Nature
-------------	---------------------	---------------	---------------

¹ Nature may include compensated & uncompensated employment, directorships and other fiduciary positions, contractual arrangements, teaching income, partnerships, honorariums, lecture fees, consultant fees, bank and bond interest, dividends, income derived from a trust, real estate rents, and recognized gains from the sale or exchange of real or other property.

² Financial interests may include salaries, consulting fees, honoraria, paid authorship, reimbursed or sponsored travel, gifts, or equity interests received from an outside activity. An outside activity is any activity outside of the employment at DMC, including: (A) Ownership or investment in any outside business or enterprise, (B) serving as a director, officer, partner, consultant, broker, agent, or representative of any outside enterprise; (C) outside professional activity or other activity; or (D) other employment.

³ Interests or obligations arising from outside activity that may not be financial in nature.

3. Publicly Traded Entities

Do you, your spouse or dependent children have financial interest in any publicly traded entity where the value of any remuneration received from the entity **in the twelve months preceding** this disclosure **and the value of any equity interest⁴** in the entity as of the date of disclosure, **when added together, exceeds \$5,000?**

- | No, | Skip to #4 Below | Yes, Answer the following additional questions (use last page for additional entries): |
|------------|---|---|
| ➤ | Is this entity or what you do for this entity related to your <u>institutional responsibilities</u> (i.e., relies upon the same expertise to carry out your institutional responsibilities)? Refer to definition on Page 3. | |
| | No Skip to #4 Below | Yes: |
| ➤ | Identify each entity (If additional entries are required, use last page): | |
| ➤ | Aggregated \$ Value: | |
| ➤ | Detailed Description of/Reason for this Remuneration /Equity: | |
| ➤ | Explain how this is related to your Institutional Responsibilities: | |
| ➤ | In your opinion, could your financial and/or equity interest in the entity <u>directly and significantly</u> affect (i.e., have a relevant and consequential effect) on your ability to design, conduct, or report results on the activity for which you are seeking, or have obtained, funding? Yes No Explain: | |

4. Non-Publicly Traded Entities: Remuneration

Do you, your spouse or dependent children have financial interest in any non-publicly traded entity **where the value of any remuneration** received from the entity in the twelve months preceding the disclosure, **when aggregated, exceeds \$5,000?**

- | No, | Skip to #5 Below | Yes, Answer the following additional questions (use last page for additional entries): |
|------------|---|---|
| ➤ | Is this entity or what you do for this entity related to your <u>institutional responsibilities</u> (i.e., relies upon the same expertise to carry out your institutional responsibilities) ? Refer to definition on Page 3. | |
| | No Skip to #5 Below | Yes: |
| ➤ | Identify each entity (If additional entries are required, use last page): | |
| ➤ | Aggregated \$ Value: | |

⁴ Equity interests includes stock, stock options, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.

- Detailed Description of/Reason for this Remuneration /Equity:

- Explain how this is related to your Institutional Responsibilities:

- In your opinion, could your financial and/or equity interest in the entity directly and significantly affect (i.e., have a relevant and consequential effect) on your ability to design, conduct, or report results on the activity for which you are seeking, or have obtained, funding? Yes No Explain:

5. Non-Publicly Traded Entities: Equity Interest

Do you, your spouse or dependent children hold **any equity interest** in any non-publicly traded entity?

- | | | |
|------------|-------------------------|---|
| No, | Skip to #6 Below | Yes, Answer the following additional questions (use last page for additional entries): |
|------------|-------------------------|---|
- Is this entity or what you do for this entity related to your **institutional responsibilities** (i.e., relies upon the same expertise to carry out your institutional responsibilities) ? Refer to definition on Page 3.

No Skip to #6 Below Yes:
 - Identify each entity (If additional entries are required, use last page):

 - Aggregated \$ Value:
 - Detailed Description of/Reason for this Remuneration /Equity:

 - Explain how this is related to your Institutional Responsibilities:

 - In your opinion, could your financial and/or equity interest in the entity directly and significantly affect (i.e., have a relevant and consequential effect) on your ability to design, conduct, or report results on the activity for which you are seeking, or have obtained, funding? Yes No Explain:

6. Intellectual Property Rights, Interests & Royalties

In the past 12 months, have you, your spouse or dependent children received income from royalty and other forms of payments in excess of (when aggregated) \$5,000 resulting from successful commercialization of intellectual property rights and interests (e.g., patents, copyrights) licensed to any commercial entity or to the Research Foundation of DMC?

No, Skip to #7 Below Yes, Answer the following additional questions (use last page for additional entries):

- Sponsor/ Entity:
- Technology/ Product:

- Nature of Interest:

- Amount of Income \$:
- Relationship to Institutional Responsibilities:

7. Travel

You must disclose the occurrence (within 30 days) or anticipated occurrence (up to in advance of one year) of any:

Reimbursed travel

or

Sponsored travel (i.e., that which is paid on your behalf and not reimbursed to you so that the exact monetary value may not be readily apparent)

That is related to your **institutional responsibilities** (i.e., the purpose of the travel relies upon the same expertise used to carry out your institutional responsibilities).

Excluded from this requirement is travel that is reimbursed or sponsored by federal, state or local government agency, a United States institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education,

For each instance of reimbursed or sponsored travel not excluded from this requirement, provide the following information: : **(if additional entries are required, use last page)**

- Sponsor:
- Destination:
- Duration:
- Purpose of the travel:

- Relationship to your institutional responsibilities:

- Estimated dollar value of expenses reimbursed to you or paid on your behalf for this trip:

D. DISCLOSURE CERTIFICATIONS

I declare that the above information is true and correct.

I agree to assign and do hereby assign my entire right, title and interest in and to any and all inventions invented by me alone, or jointly with others, that are subject to the Patents and Inventions Policy of State University of New York, and in and to any and all patent applications filed thereon to State University of New York Downstate Medical Center.

I agree to assign and do hereby assign my entire right title and interest in any computer software and copyrights that are subject to subject to the Patents, Inventions and Copyright Policy and the Computer Software Policy of SUNY.

With respect to inventions made under federal contracts ("Subject Inventions"), and in accordance with 37 CFR 401.14 (f) (2), commonly known as the Bayh-Dole Act, I agree to promptly disclose all Subject Inventions, whether patentable or not, to the technology transfer office by completing a form available for such disclosures and to execute, if required, all papers necessary to file patent applications and to establish the government's rights in the Subject Inventions. I understand that such disclosure should be made in advance of any publication or public disclosure of the Subject Invention.

I agree to abide by DMC's Research Conflict of Interest Policy (#RFDMC-01).

Signature

Date

SUBMIT YOUR COMPLETED FORMS TO THE OFFICE OF SCIENTIFIC AFFAIRS:

EMAIL – researchgrants@downstate.edu

MAIL/HAND DELIVER – BOX 129 / RM 2-71E

FAX – (718) 270-3942



Use this page to add additional information