



La Salle University Financial Conflict of Interest Disclosure

The Financial Conflict of Interest Policy is to ensure fairness in research by complying with Public Health Services (PHS) or other agencies for grants or cooperative agreements. This policy establishes principles to certify no part of the research that is funded by PHS or other agencies will be influenced by a conflicting financial interest of the investigator.

This disclosure will be completed within 30 days of the award and annually by September 30th. This will satisfy the requirements of the PHS so that by the time an application is submitted,

The completed Disclosure form will be forwarded to the Office of Finance and Administration and be kept filed with grant documents.

Name: _____ Position: _____

Department: _____ Year: _____

Questions	Yes	No
<p>1) Have you or members of your immediate family received benefit from a for-profit entity for activities such as consulting, expert witness, advisory board membership, and anything related? *Include any payments of \$5,000 or greater received during the previous 12 months. If you answered "Yes", please detail on a separate sheet and attach.</p>		
<p>2) Do you or members of your immediate family have Significant Financial Interest in a Sponsor related to your sponsored program activity? *Significant Financial Interest includes stock, stock options, or ownership interests (public or private). If you answered "Yes", please detail on a separate sheet and attach.</p>		
<p>3) Do you or members of your immediate family hold a position of management with a vendor or (sub) contractor related to the sponsored program activity? If you answered "Yes", please detail on a separate sheet and attach.</p>		
<p>4) Do you or members of your immediate family have rights to and/or receive royalties from intellectual property in licensed to and/or owned by a for-profit entity? If you answered "Yes", please detail on a separate sheet and attach.</p>		

	Yes	No
<p>5) Did you or members of your immediate family receive reimbursement for travel expenses that were paid on your or your immediate family's behalf in the prior 12 months?</p> <p>If you answered "Yes", please detail on a separate sheet and attach.</p>		

I have read and understand La Salle University's policy on Conflict of Interest in PHS Funded Projects and have completed this report to the best of my knowledge. If required, I will comply with any conditions or restrictions imposed by La Salle University to manage any real or perceived conflicts. Should any of my answers change after I complete this report, I agree to submit a revision.

Date

Signature