

PHS FCOI Reporting Form - Subrecipient

Initial  Revised – new FCOI  Revised – existing FCOI  Annual

PHS Agency or Office:

PHS grant/contract number:

Name of the project’s UW-L PI(s)/PD(s):

Name of the investigator with a FCOI:

Institutional affiliation:

Name of the entity with which the investigator has a FCOI:

Value and nature (e.g., equity, consulting fees, honoraria) of the financial interest:

Value cannot be readily determined through reference to public prices or other reasonable measures of fair market value.

Description of the relationship between the financial interest and the PHS-funded research, including the basis for the institution’s determination that the financial interest conflicts with such research:

Key elements of the management plan:

1. Role and principal duties of investigator in the research project
2. Conditions of the management plan
3. How management plan will safeguard objectivity in research
4. Confirmation of investigator’s agreement to the management plan
5. How management plan will be monitored to ensure compliance
   1. The investigator has been advised to report any increases in existing or any new SFIs or FCOIs within 30 days of their acquisition or discovery.
   2. The investigator will file a SFI Disclosure Form annually while the grant is active. Appropriate data from that form will be disclosed to the PI’s/PD’s institution.
6. Other pertinent information

Annual only:

Status: Active  Revised  Closed

If revised or closed, explain changes to or additional FCOIs related to the management plan.

Completed by SOMEOFFICIALPERSON, a designated representative for

(NAME OFSUBCONTRACTINGINSTITUTION)

SIGN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_