

FCOI Retrospective Review and Mitigation Plan

SECTION A: RETROSPECTIVE REVIEW

Name of the investigator with a possible non-compliant FCOI: Click or tap here to enter text.

Institutional affiliation (if not UW-La Crosse): Click or tap here to enter text.

Name of the project's PI/PI (if different from above): Click or tap here to enter text.

Lead institution (if not UW-La Crosse): Click or tap here to enter text.

Project sponsor: Click or tap here to enter text.

Project title: Click or tap here to enter text.

Federal award number: Click or tap here to enter text.

UWL Compliance ID: Click or tap here to enter text.

Date reported: Click or tap to enter a date. by: Click or tap here to enter text.

Date investigator became non-compliant: Click or tap to enter a date.

Describe non-compliance (include name of the entity with which the FCOI is held, nature, and value or estimated value): Click or tap here to enter text.

Retrospective review methodology details (include methodology of the review process, composition of the review panel, documents reviewed, etc.): Click or tap here to enter text.

Retrospective review findings – facts, observations, determinations, and recommended actions (include specific statements as to whether findings of bias, willful concealment, and/or failure to comply with the FCOI management plan were made by the committee): Click or tap here to enter text.

Has the committee made a finding of bias? Yes No

- If yes, develop a mitigation plan (see Section B). Note a copy of this plan will be forwarded to the federal sponsor for review and approval.
- If no, skip the mitigation plan (Section B).

SECTION B: MITIGATION PLAN

If bias was found, describe the key elements documented during the retrospective review, the impact of the bias on the research project, the extent of harm done, and UWL's plan of action to

eliminate or mitigate the effect of the bias (include any qualitative and quantitative data to support any actual or future harm and analysis of whether the research project is salvageable):

Click or tap here to enter text.

SANCTIONS:

Please list any actions taken or restrictions imposed on the investigator by the committee:

Click or tap here to enter text.

FINDINGS AND PLAN VERIFICATION:

Committee members responding that this document represents the discussion and votes taken regarding this investigator on (date of meeting):

List names of committee members and date of email response

Dissenting committee members:

List names of committee members and date of email response

HR representative confirmed via email that this document reflects the committee discussion, plan, and current institutional policies:

List name of HR rep and date of email response

INVESTIGATOR:

I have received the committee's findings and plan and I:

accept the findings and plan as described.

do not accept the findings and/or the plan and will appeal to the Chancellor in writing within 30 days. I understand that I may not be compensated or reimbursed by, spend, or encumber the named sponsor's funds until this issue is resolved.

SIGN _____ DATE _____

PRINTED NAME _____

NOTE: All plans are subject to review and approval by the federal sponsor, which may also take further action in matters of noncompliance.