

# NORTHWESTERN INVESTIGATOR CONFLICT OF INTEREST DISCLOSURE & CERTIFICATION FORM

This Form is completed by Investigators at Northwestern University only when they are unable to disclose in the eDisclosure system to meet research-related conflict of interest requiements per Northwestern University's Conflict of Interest in Research policy. The information collected on this Form will be maintained in a confidential manner by Northwestern and will not be shared except with those who have a need to know for regulatory compliance purposes.

Please return completed form to: nucoi@northwestern.edu

| For Internal Use Only: | NU InfoEd # |                         |
|------------------------|-------------|-------------------------|
| Project Title          |             |                         |
| Email Address          |             | Principle Investigator  |
| Investigator Name      |             | Investigator Department |

### Section I. Summary of Requirements Northwestern Investigators must:

- Read and comply with <u>Northwestern's Conflict of Interest in Research Policy</u> (http://www.northwestern.edu/coi/policy/research\_policy.pdf)
- 2. Review and certify to completion of Northwestern's COI training materials (http://www.northwestern.edu/coi/training/index.html)
- 3. Disclose all Significant Financial Interests that directly relate to the Investigator's Institutional Responsibilities (defined below).

#### Section II. Definitions

<u>Investigator</u>: any individual acting as a project director or principal investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research, and the individual's spouse and dependent children.
<u>Institutional Responsibilities</u>: an Investigator's responsibilities on behalf of the University, such as research, teaching, and institutional committee memberships.

<u>Significant Financial Interest</u>: a financial interest consisting of one or more of the following interests of the Investigator (and those of the Investigator's spouse and dependent children) received from a single external entity in the 12 months prior to disclosure:

- Remuneration exceeding \$5,000\*
- Any equity interest in a non-publicly traded entity, and equity interests in publicly traded entities exceeding a value of \$5,000\*
- Intellectual property interests exceeding \$5,000\*
- Sponsored or reimbursed travel exceeding \$5,000\*

#### EXCLUDED - Do not disclose:

- Remuneration, intellectual property interests, equity in publicly traded entities, or sponsored or reimbursed travel received that aggregates to less than \$5,000\* from a single entity in the previous 12 months
- Remuneration or sponsored or reimbursed travel received for lectures, seminars, teaching engagements, or service on advisory
  committees or review panels relating to federal, state, or local government agencies, 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.
- Unlicensed intellectual property that does not generate income or is administered through an Investigator's home educational institution.
- Equity interests in publicly and non-publicly traded entities in the form of stock ownership through personal retirement accounts and mutual funds, as long as the investigator does not directly control the investment decisions made in these vehicles.

<sup>\*</sup> Investigators with a primary appointment is in the Feinberg School of Medicine (FSM) are subject to a \$0 disclosure threshold for remuneration, intellectual property interests, and sponsored/reimbursed travel. Please read each disclosure question carefully.

## Section III. Disclosure

Each Investigator must respond to each question below. Disclose any of the interests indicated below that meet the disclosure thresholds <u>and</u> that *directly relate to the Investigator's Institutional Responsibilities*. If a response to any question is "YES", the detail requested is required. If there are more than two entities, please attach additional copies of the form, as needed.

| 1. Have you received remuneration from an entity that, when ag totals more than \$5,000* in the previous 12 months?  * FSM faculty have a \$0 disclosure threshold   |   |  |           |        |  |  |  |
|--|---|--|-----------|--------|--|--|--|
|  |   |  | Yes       | No     |  |  |  |
| Entity #1 Name   |   | Entity #2 Name                             |           |        |  |  |  |
| Remuneration Date  | Amount                                  | Remuneration Date                          |           | Amount |  |  |  |
| Reason for Remuneration  |   | Reason for Remuneration                    |           |        |  |  |  |
|  |   |  |           |        |  |  |  |
| 2. Do you hold <u>any</u> equity in non-publicly traded entities, or e more than \$5,000 in a publicly traded entity?  |   | quity valued at                            | Response: |        |  |  |  |
|  |   |  | Yes       | No     |  |  |  |
| Entity #1 Name   |   | Entity #2 Name                             |           |        |  |  |  |
| Date Acquired  | Value                                   | Date Acquired                              |           | Value  |  |  |  |
| Form of equity (e.g., stock, stock options)  |   | Form of equity (e.g. stock, stock options) |           |        |  |  |  |
| 3. Do you have any intellectual property interests relative to which you receive Response: income that exceeded \$5,000* in the previous 12 months?  * FSM faculty have a \$0 disclosure threshold  Yes No |   |  |           |        |  |  |  |
| Description of Intellectual Property   | Description of Intellectual Property #2 |  |           |        |  |  |  |
| Date Acquired  | Value                                   | Date Acquired                              |           | Value  |  |  |  |
| Form (e.g., licensing, royalties)  |   | Form (e.g., licensing, r                   | oyalties) |        |  |  |  |

|  | onsored or reimbursed travel<br>more than \$5,000* in the pre |                | <b>esponse:</b><br>Yes | No    |  |  |  |  |  |
|--|---|----------------|------------------------|-------|--|--|--|--|--|
| Entity #1  | isoloculo un conold   | Entity #2      |                        |       |  |  |  |  |  |
|  |   |                |                        |       |  |  |  |  |  |
| Date of Travel   | Value   | Date of Travel |                        | Value |  |  |  |  |  |
| Reason for Travel (e.g., conference, board meeting)  Reason for Travel (e.g., conference, board meeting)   |   |                |                        |       |  |  |  |  |  |
| Section IV. Investigator Certification   |   |                |                        |       |  |  |  |  |  |
| I hereby affirm:  - I will adhere to Northwestern's Conflict of Interest in Research Policy (http://www.northwestern.edu/coi/policy/research_policy.pdf); - I have reviewed and understand the COI training document (http://www.northwestern.edu/coi/training/index.html); and - The information I have provided in this Form is complete and accurate to the best of my knowledge. |   |                |                        |       |  |  |  |  |  |
| Signature:   |   | Date:          |                        |       |  |  |  |  |  |
| Section V: Resources   |   |                |                        |       |  |  |  |  |  |
| Northwestern University Conflict of Interest in Research Policy  |   |                |                        |       |  |  |  |  |  |
| Northwestern University Conflict of Interest Office Website  |   |                |                        |       |  |  |  |  |  |
| Northwestern University Office for Sponsored Research Contact List   |   |                |                        |       |  |  |  |  |  |
| NIH Financial Conflict of Interest Website   |   |                |                        |       |  |  |  |  |  |
|  |   |                |                        |       |  |  |  |  |  |

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NU Investigator Conflict of Interest Disclosure and Certification Form for PHS-Sponsored Projects - v.1-1-17