

Form A – Part 2

Confidential
Eastern Illinois University
PHS Financial Conflict of Interest (FCOI) Disclosure Form*

1. Investigator Name: _____
2. PHS Project Title: _____
3. Check the type of financial interest that was true of you at any point in the past 12 months. (Check only one.)
 - A. Equity worth at least \$5,000 in a publicly traded organization.
 - B. Remuneration of at least \$5,000 from a publicly traded organization.
 - C. Any equity in a non-publicly traded organization.
 - D. Remuneration of at least \$5,000 from a non-publicly traded organization.
 - E. Income of at least \$5,000 from intellectual property rights assigned to an organization other than EIU.
 - F. Travel sponsored or reimbursed by an organization other than EIU.
4. Name of the organization in which the financial interest exists:

5. Describe the type of business conducted by the organization:

6. The organization is:
 - For profit (publicly-owned) For profit (privately-held) Non-profit
 - Governmental
7. The financial relationship is between the organization and (Check all that apply.)
 - Self Spouse Dependent Child(ren)
8. Estimated value of the financial interest:
 - \$0 - \$4,999
 - \$5,000 - \$9,999
 - \$10,000 - \$19,999
 - \$20,000 - \$100,000 by increments of \$20,000: _____
 - more than \$100,000 by increments of \$50,000: _____
 - Value cannot be readily determined from public prices or other reasonable measures of fair market value

9. In the box below, answer only one of the following questions:

If you checked 3.B. or 3.D., describe the work for which the organization paid you or your family member.

If you checked 3.E., describe the intellectual property to which payments are related and how it is or is not related to your work at EIU.

If you checked 3.F., describe the purpose of the travel, the destination, and the duration of the travel.

10. Investigator Assurance

I agree to abide by Eastern’s Financial Conflict of Interest Policy. In submitting this form and any other required documents I certify that the information provided is true to the best of my knowledge. I supply this information for confidential review by Eastern Illinois University and for such other limited purposes as are required by law, regulation, or contract. I do not authorize release of it for any other purpose. I understand and agree that if there is a material change (an acquisition of a significant financial interest) to this information, I must submit a new disclosure and attachment within 30 days of that change.

Signature: _____ Date: _____

What response can I expect?
The Dean of the Graduate School will review your information and may contact you for discussion. If any of your financial interests meet the criteria for a Financial Conflict of Interest (FCOI), the Dean of the Graduate School will help you develop a management plan. You will receive written communication of all conclusions that result from review of your information.

*This form collects information which Eastern Illinois University must collect and analyze in order to qualify for funding from the U.S. Public Health Service (PHS). This form includes some language taken directly from a form created by the University of Oregon.

Reviewed by:

Signature _____ Date _____

Comments: