



**RESEARCH INSTITUTE
CONFLICT OF INTEREST DISCLOSURE FORM**
Required by 42 CFR Part 50

Name:	Dept:
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Choose one of the below:

AH Employee
 AHMG Employee
 AH Affiliate
 Non AH Employee

AdventHealth and its affiliates are required to have COI policies and procedures per federal regulations to promote objectivity in research that provides a reasonable expectation that the design, conduct, and reporting of research will be free from bias resulting from financial COI.

Please read carefully:
 As it relates to your Institutional Responsibilities, do **YOU, YOUR SPOUSE**, and/or any **DEPENDENT CHILDREN** have any **SIGNIFICANT FINANCIAL INTEREST (SFI)** with an outside entity, which includes:

- Greater than \$5,000 received from any single company, organization, and/or institution, other than AdventHealth, when aggregated exceeds \$5,000 in the past 12 months from the date of this disclosure?
- *If YES to any of the below, please complete SFI form(s).
- If NO, SFI form is not required.

*Yes	No	Remuneration including salary and any payment for services not otherwise identified as salary, (e.g., consulting fees, speaking fees, payment for serving on a board/committee, honoraria, authorship, etc.).
*Yes	No	Remunerations from any non-publicly traded entity.
*Yes	No	Remunerations directly or indirectly from any Foreign entity, Official, or Government.
*Yes	No	Equity interest in a publicly traded entity, including stock, stock options, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.
*Yes	No	Any equity interest in any NON-publicly traded entity, including but not limited to stock, stock option, or other ownership interest (no dollar threshold).
*Yes	No	Proprietary and/or Intellectual Property rights and interests (e.g., patents, trademark, copyrights, or licensing agreements), upon receipt of income (royalties) related to such rights and interests.

Report any Reimbursed or Sponsored travel in the preceding 12 months that is Related to Institutional Responsibilities:
 (DO NOT include travel paid for or reimbursed by AdventHealth or a government agency)
 ***If you have additional travel to report, attach document stating travel details.

*Yes	No	Do you have any travel to report?
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Dates/Duration	Destination	Purpose	Sponsor/Organization

*Yes	I am aware that the AdventHealth COI policy is posted on the SharePoint Research Services Website & external AdventHealth Research Services Website .
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*Yes	I certify that I will submit an updated COI Disclosure form within 30 days of discovering or acquiring any new Significant Financial Interest (SFI) during the next 12 months.
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In accordance with 42 CFR Part 50, I declare that the information provided on this form is, to the best of my knowledge and belief, true, correct and complete.

Date:	Signature:
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FOR ORI OFFICE USE ONLY

This Conflict of Interest (COI) Disclosure has been reviewed and determinations made: No interests submitted. COI form acknowledged and filed with ORI Office SFI reported. See related SFI Disclosure form Travel appears to be reasonable & customary Travel appears to be an SFI; see SFI Attachment	Training: COI Training Completed: _____ COI Received:
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COI Institutional Official/Designee Signature:	
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