



**RESEARCH INSTITUTE**  
**SIGNIFICANT FINANCIAL INTEREST DISCLOSURE FORM**  
*Required by 42 CFR Part 50*

**Name:**

**Dept:**

**Please read carefully:**

1. In the table below, enter the entity name in which you hold the significant financial interest.
2. Select if yourself, your spouse or dependent hold the interest.
3. Enter the **estimated** amount in the far-right column for each financial interest you hold with that entity.
4. Please note: If you select a source that has a "please explain" option, you will need to indicate the type of interest or the position you hold with that entity.

**Entity Name:**

| Who holds this SFI?   | Self | Spouse | Dependent Child |                       |
|---|------|--------|-----------------|-----------------------|
| Source  |      |        |                 | Total amount for each |
| Consulting Fees   |      |        |                 |                       |
| Copyrights  |      |        |                 |                       |
| Honoraria/Speaking Fees   |      |        |                 |                       |
| Licensing Agreements  |      |        |                 |                       |
| Foreign entity, Official or Government – (Please explain in the space provided below) |      |        |                 |                       |
| Paid Authorship   |      |        |                 |                       |
| Patents   |      |        |                 |                       |
| Salary  |      |        |                 |                       |
| Serving on a Board or Committee – (Please explain in the space provided below)        |      |        |                 |                       |
| Stock   |      |        |                 |                       |
| Stock Options   |      |        |                 |                       |
| Trademark   |      |        |                 |                       |
| Other Ownership Interests/Royalties– (Please explain in the space provided below)     |      |        |                 |                       |
| Other – (Please explain in the space provided below)                                  |      |        |                 |                       |
| <b>Total Amount</b>   |      |        |                 |                       |

**Individuals Comments/Notes to ORI Office:**

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:**

**FOR ORI OFFICE USE ONLY**

1. No Financial Conflict of Interest (FCOI) exists based on reported above, COI Official/Designee acknowledges and will maintain this form. No FCOI Management plan will be created **IF** deemed no FCOI exists with any active study, or the FCOI is not related to research.
2. A FCOI does exist based on reported above, COI Official/Designee will implement an FCOI Management plan for individual to review and sign on a separate SFI Summary & FCOI Management Plan Form within 60 days of this submission.  
 \*More information regarding this form and process may be found in our COI Policy# 400.005 & SOP# 403.001.

**COI Official/Designee Comments/Notes:**

**COI Official or Designee Signature:**

**Received:**