

Reed College
Financial Conflict of Interest Form

Name _____

Department _____

Date _____

Granting agency _____

Grant title _____

Project period covered by this disclosure form _____

I. Financial interests

A. Privately held companies

1. In the previous 12 months, have you received any remuneration from privately held companies that exceeds \$5,000? For the purposes of this disclosure, remuneration includes salary and any payment for services not identified as salary (honoraria, consulting fees, etc.), and equity interest includes any stock, stock option, or other ownership interest as determined by fair market value.

Investigator: Yes ☐ No ☐

Spouse: Yes ☐ No ☐

Dependent
Children Yes ☐ No ☐

If you, your spouse, or dependent children answered "yes," please complete the attached page documenting these financial interests.

B. Non-privately held companies

1. In the previous 12 months, have you received any remuneration from non-privately held companies that exceeds \$5,000?

Investigator: Yes ☐ No ☐

Spouse: Yes ☐ No ☐

Dependent
Children

Yes ☐

No ☐

If you, your spouse, or dependent children answered "yes," please complete the attached page documenting these financial interests.

2. Do you, your spouse, or your dependent children hold any equity interest or intellectual property rights and interests (upon the receipt of income related to those rights and interests) in a non-privately held company, with a value of \$5,000 or greater?

Investigator:

Yes ☐

No ☐

Spouse:

Yes ☐

No ☐

Dependent
Children

Yes ☐

No ☐

If you, your spouse, or dependent children answered "yes," please complete the attached page documenting these financial interests.

C. Travel

1. In the past twelve months, have you received any sponsored or reimbursed travel from outside entities? For the purposes of this question, outside entities do not include government (federal, state, or local) agencies, Institutions of higher education, or hospitals, medical centers, or research institutes related to an Institution of higher education.

Investigator:

Yes ☐

No ☐

Spouse:

Yes ☐

No ☐

Dependent
Children

Yes ☐

No ☐

If you, your spouse, or dependent children answered "yes," please complete the attached page documenting these financial interests.

I hereby state that I have answered the above questions to the best of my knowledge, and that I have read Reed College's policy on faculty financial conflicts of interest. I am aware that I will be required to complete a tutorial on this policy, and that I will be required to complete this form every 12 months.

Name

Date

Financial Conflict of Interest report
Privately Held Companies

Name _____

Department _____

Date _____

On the first page of this form, you indicated that you, your spouse, or your dependent child/children had, in the past year, received remuneration from a privately-held company in an amount that exceeded \$5,000. As a reminder, this remuneration must have some connection to your institutional responsibilities in order for it to qualify as a potential financial conflict of interest.

Does this remuneration have a connection to your institutional responsibilities?

YES ☐

NO ☐

If yes, please answer the following questions.

Source of the remuneration:

Recipient of the funds (you, your spouse, your child/ren):

Type of remuneration provided: (eg. Cash, equity, etc.):

Your relationship to the source (eg. Consultant, contractor, etc.):

Amount:

Date this remuneration was provided to you (estimate is fine):

Relationship between this payment and your institutional responsibilities:

(If you received more than \$5,000 from more than one source, please complete this form for each source of funding.)

Financial Conflict of Interest report
Non-Privately Held Companies

Name _____

Department _____

Date _____

On the first page of this form, you indicated that you, your spouse, or your dependent child/children had, in the past year, received remuneration from a non-privately-held company in an amount that exceeded \$5,000. As a reminder, this remuneration must have some connection to your institutional responsibilities in order for it to qualify as a potential financial conflict of interest.

Does this remuneration have a connection to your institutional responsibilities?

YES ☐ NO ☐

If yes, please answer the following questions.

Source of the remuneration:

Recipient of the funds (you, your spouse, your child/ren):

Your relationship to the source (eg. Consultant, contractor, etc.):

Amount:

Date this remuneration was provided to you (estimate is fine):

Relationship between this payment and your institutional responsibilities:

(If you received more than \$5,000 from more than one source, please complete this form for each source of funding.)

Financial Conflict of Interest report
Intellectual property/equity interests

Name _____

Department _____

Date _____

On the first page of this form, you indicated that you, your spouse, or your dependent child/children was the owner of equity interest or intellectual property in a non-privately held company of an amount that exceeded \$5,000. As a reminder, this ownership must have some connection to your institutional responsibilities in order for it to qualify as a potential financial conflict of interest.

Does this ownership have a connection to your institutional responsibilities? YES ☐ NO ☐

If yes, please answer the following questions.

Type of interest (intellectual property, equity)

Owners of the interest (you, your spouse, your child/ren):

Your relationship to the source (eg. Consultant, contractor, etc.):

Amount:

How long have you/your spouse/your child(ren) held this interest:

Relationship between this interest and your institutional responsibilities:

(If you have an interest in more than one source, please complete this form for each source of interest)

Financial Conflict of Interest report
Travel

Name _____

Department _____

Date _____

On the first page of this form, you indicated that you, your spouse, or your dependent child/children had, in the past year, received sponsored or reimbursed travel from an outside source. For the purposes of this policy, travel from government agencies, Institutions of higher education, or teaching hospitals, medical centers, or research institutes connected to Institutions of higher education is not required to be disclosed.

Does this travel have a connection to your institutional responsibilities? YES ☐ NO ☐

If yes, please complete the following table

	Source of funding	Approximate date of travel	Destination	Purpose	Value of trip, if known	Recipient of reimbursement
Trip 1						
Trip 2						
Trip 3						
Trip 4						

If you require additional space, please request another sheet from the Dean of Faculty's office

Approval Form, Dean of Faculty

Name of Investigator

Nature of Significant Financial Interest

Value of Significant Financial Interest

After consultation with the PI, I have determined that this

☐

Does

☐

Does Not

constitute a Financial Conflict of Interest

In the event that this SFI does constitute a FCOI, I have attached details of the management plan for this FCOI to this form.

Patrick G. McDougal
Dean of the Faculty

Date

Approval Form, Institutional Official

Name of Investigator

Nature of Significant Financial Interest

Value of Significant Financial Interest

I have reviewed the attached management plan for the above described
Financial

Conflict of Interest. I certify through my signature below that I find this
management plan to be an adequate measure undertaken to ensure that the
financial conflict of interest described above will not affect the design, conduct,
or reporting of NIH-funded research.

Edwin O. McFarlane
Vice-President/Treasurer

Date