ADELPHI UNIVERSITY
RESEARCH FINANCIAL CONFLICT OF INTEREST (FCOI) DISCLOSURE FORM

The purpose of this financial conflict of interest form is to provide Adelphi University and the Investigator with information to determine whether a real or possible FCOI exists pursuant to the university's FCOI policy.

Your name: _____ _____
(last) (first)
Your email:_____ phone:_____

Department:_____ School:_____

Existing Funded Proposal? ___yes ____no
Title:_____Budget Dates:_____

Significant Financial Interests (see FCOI policy for detailed definitions - $5,000 or more in remuneration, equity, intellectual property rights, and sponsored travel)

1. Do you or does any member(s) of your immediate family (spouse or dependent children) have a financial conflict of interest that: (1) would reasonably appear to affect your research? ___yes ___no; (2) is in an entity whose financial interests would reasonably appear to affect your interest? ___yes ___no

2. If yes to any part of question 1 above, is there salary or payment involved? Please describe_____

3. If yes to any part of question 1 above , is there any equity (stocks, stock options, etc.,) involved? Please describe_____

4. Do you or any member(s) of your immediate family (spouse or dependent children) have any intellectual property rights and any royalties from such rights that would reasonably represent a conflict of interest in terms of your research? ____yes, ____no. If yes, please explain
_____

5. Have you or any member(s) of your immediate family (spouse or dependent children) been sponsored or reimbursed for travel that may represent a conflict in terms of your research? ___yes, ___no. If yes, please explain_____

6. Have you engaged in any extramural program related to your research with either a government agency or private firm within the past year? ____yes ____no; If yes, please describe
_____

7. Please describe any other pertinent information such as interests in commercial enterprises that may represent a conflict of interest, names of other research collaborators with interests in commercial enterprises.
_____

I confirm that I have reviewed and understand Adelphi University's Research Financial Conflict of Interest Policy and the related NIH policy as posted on the AU website, that I have taken training related to FCOI, and that the information provided here is accurate to the best of my knowledge.

_____ _____
Signature Date