

Non-Partners Investigator Financial Interest Disclosure Form

To be used only for Non-Partners Investigators that are not covered under an institutional subcontract

INSTRUCTIONS

Why do I need to fill out this form?

This form is being collected because you have been identified as an Investigator¹ on a Public Health Service (PHS)-funded grant². As the grant recipient institution, BWH/MGH is required under federal law (42 CFR Part 50 Subpart F) to collect this information from any Investigator on a PHS-funded research grant. The institution will review the disclosed information to identify and manage any financial conflicts of interest (FCOI) with the research. This is mandated by federal law; non-compliance may result in your being barred from participating in this research.

How do I fill out this form?

Please carefully read the definition of what constitutes a Significant Financial Interest. Remember that the term includes interests held by your spouse and dependent children. Please list the requested information in the table in the two appendices provided. Please use a separate sheet if necessary and attach it to this form. If you have any questions about how to fill out this form or whether certain financial interests should be listed, please contact the Office for Interactions with Industry at Partners HealthCare.

Email: PHSOIIResearch@partners.org ; Telephone: 857-282-2024

Partners HealthCare policy on conflicts of interest: <http://www.partners.org/About/Ethics/Interactions-With-Industry/Policy.aspx>

How to submit the form?

This form must be submitted to your Partners Research Management Grants Administrator with a copy to the Partners Office for Interactions with Industry (OII).

OII Email: PHSOIIResearch@partners.org

OII Fax: 857-282-5783 Attention: Research COI Group

What happens after I submit the form?

The submitted information will be reviewed by the Partners Office for Interactions with Industry (OII) and, in some cases, by the Partners Committee on Outside Activities (COA) or its designees. OII and COA will review the reported financial interests to determine whether any of these interests relate to the PHS-funded research and whether any related interests constitute a financial conflict of interest (FCOI) with the research. If you become a Partners employee after proposal submission, you may be asked to complete an electronic financial disclosure form.

Are there other requirements for participating on this grant?

All Investigators on PHS grants are required under federal law to complete an online course on Conflicts of Interest in Research. Since this grant is administered through Partners HealthCare, you must take the Partners course even if you have already completed a similar course through another academic institution. For assistance or questions, please contact PHSOII@partners.org. To take the course:

1. Go to www.citiprogram.org
2. **IMPORTANT:** The course is listed only under the Partners HealthCare (**NOT** Brigham or MGH) menu of courses. To affiliate with Partners HealthCare, click on the link that says "Affiliate with Another Institution."
3. In the list of Participating Institutions, select "Partners HealthCare" and click submit. It's not necessary to complete any other fields.
4. Complete only the required fields on the registration page. If you do not have a Partners user ID, use your initials ("JRB").
5. Answer "Yes" to "Do you want to take the Conflicts of Interest mini-course?" and select the Course: "**Conflicts of Interest in Research**"

¹ **Investigator** is defined as PI/PD, Key Personnel and anybody else, regardless of title or role on the grant, who is responsible for the design, conduct or reporting of the research. This may include collaborators or consultants.

² The regulations apply only to research funded by means of a grant, cooperative agreement, or contract by the Public Health Service (PHS) (including NIH, AHRQ, CDC, FDA, CMS, HRSA, and SAMHSA) or by a few foundations and other entities that have adopted the PHS standards for research they fund. Foundations and other entities that have adopted the PHS standards: American Heart Association, American Cancer Society, Arthritis Foundation, Susan G. Komen Foundation, the Alliance for Lupus Research, Administration for Children and Families, American Asthma Foundation, American Lung Association, Lupus Foundation of America, Alpha-1 Foundation, PCORI, and CurePSP.

PERSONAL/GRANT INFORMATION

Name of the Investigator completing the form: _____

Contact Email address: _____ Contact Telephone number: _____

Employer: _____

Title of the Grant: _____

Principal Investigator on Grant: _____

Partners Grant Record InfoEd Number: _____

SIGNIFICANT FINANCIAL INTERESTS (SFIs)

Please read the definitions of "Institutional Responsibilities" and "Significant Financial Interest" carefully before answering the question below:

"Institutional Responsibilities" in this context means your "Partners responsibilities"; that is, responsibilities you have for, at or on behalf of Partners HealthCare. For example, if you are working as a collaborator or a consultant on a research project at Partners HealthCare, your "Partners responsibilities" are the responsibilities you have in connection with this research project.

A "Significant Financial Interest" (SFI) is defined as the receipt by you, your spouse, or your dependent children of any of the following:

- **Income that exceeds \$5,000** from any outside entity, measured on a rolling 12-month basis. This may be one payment from a particular company of more than \$5000, or multiple payments from the same company that in the aggregate exceed \$5000 and are received within the previous 12 months.
- Acquisition of **equity in a public company that exceeds \$5000** in value;
- **Aggregated income and equity/ownership interest** from a public company **that exceeds \$5,000**, as measured on a rolling 12-month basis;
- **ANY equity/ownership interest in a privately-held company;**
- **An income that exceeds \$5,000 from rights in intellectual property** , as measured on a rolling 12-month basis;
- **All reimbursed and "sponsored" travel that exceeds \$5,000**, as measured on a rolling 12-month basis.

Excluded from this definition are payments (including travel) received from Partners. Also excluded from this definition are payments received from any of the following entities, provided these payments are received for teaching engagements, lectures, seminars, or services on advisory committees or review panels:

- Government agencies
- US institutions of higher education and research institutes affiliated with them
- Academic teaching hospitals
- Medical centers

Further, you do not have to report:

- Salary, royalties, travel, or other remuneration through your employer
- Income from investment vehicles over which you do not exercise control, such as mutual funds and retirement accounts

Do you, including your spouse and dependent children, have any Significant Financial Interests (SFIs) related to your Institutional Responsibilities?

Yes, I have Significant Financial Interests to report and/or I am an employee of a for-profit entity. *(please provide information about your SFIs including reimbursed and sponsored travel in the Appendix)*

No, I have no Significant Financial Interests, including travel, to report.

CERTIFICATION

I certify that the information disclosed in this form is true and accurate to the best of my knowledge. I understand and agree that it is my responsibility to notify Partners Office for Interactions with Industry within 30 days if I acquire new Significant Financial Interests and update the information at least annually during the period of award.

Signed – Investigator

Date

Appendix – Travel Information

Name of Entity that sponsored the travel or reimbursed you	Is this entity a professional society?	Reason for Travel? (e.g., consulting, SAB meeting, talk)	Dates of Travel	Destination	(Optional) Amount reimbursed	Comments
EXAMPLE: Pfizer	No	consulting	Oct 2, 2012 – Oct 4, 2012	Dallas, TX	\$670	Met with Pfizer scientists to consult on new drug development program

Appendix – Significant Financial Interests

Please list all Significant Financial Interests over the past 12 month that relate to your institutional responsibilities. Please remember to include interests held by your spouse and dependent children.

NOTE: If you are reporting SFIs in Foundations, please indicate, whenever known, if the foundation was set up by and/or receives primary funding from a for-profit entity. Please list the name of that for-profit entity in the “Comments” column.

Name of Entity	Who holds the interest	Type of Interest	Value/Percentage of the Interest during past 12 months	If not equity, description of service	Comments
EXAMPLE: Pfizer	self	cash income	\$12,000	consultant	