# Appendix A: DPH Financial Conflicts of Interest Disclosure Form

**Connecticut Department of Public Health Financial Conflict of Interest Disclosure Form**

In accordance with the DPH policy *Managing Financial Conflicts of Interest in Federally Funded Research* (the DPH FCOI Policy), all investigators and key personnel undertaking PHS-funded research must disclose their personal significant financial interests (and those of their spouse and/or dependent children) related to their institutional responsibilities: (1) at the time of application for PHS-funded research; (2) with submission of their research proposal to the DPH Human Investigations Committee; or (3) within 10 days of discovering a significant financial interest.

Significant financial interests include:

* Remuneration received from a publicly traded entity in the twelve months preceding the disclosure and the value of any equity interest in the entity as of the date of disclosure that, when aggregated, exceeds $5,000. For the purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary; equity interest includes stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.
* Remuneration received from a non-publicly traded entity in the twelve months preceding the disclosure that, when aggregated, exceeds $5,000 or any equity interest in such entity.
* Intellectual property rights and interests (e.g., patents, copyrights, trademarks) upon receipt of income related to such rights and interests.
* All reimbursed or sponsored travel related to the individual’s institutional responsibilities which IS NOT reimbursed or sponsored by a federal, state or local government agency.

**Section A**

|  |  |  |
| --- | --- | --- |
| Name: | Click here to enter text. | |
| Telephone: | Click here to enter text. | |
| Email: | Click here to enter text. | |
| DPH section/program: | Click here to enter text. | |
| PHS-funded research project title: | Click here to enter text. | |
| PHS awarding component:  *Use abbreviations in Appendix B* | Click here to enter text. | |
| Funding start/end dates: | Start: Click here to enter a date. End: Click here to enter a date. | |
| Role in project: | Click here to enter text. | |
| Project PI (if not PI): | Click here to enter text. | |
| Do you, your spouse or dependent children have any significant financial interests related to your Institutional Responsibilities? | | Yes  No  *If Yes, complete* ***Section B*** |

Signed: Date: Click here to enter a date.

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**Section B**

If you answered **Yes** in section A, please provide the following information for each significant financial interest.

|  |  |  |
| --- | --- | --- |
| Name of entity: | Nature of financial interest:  *E.g., equity, consulting fee, honoraria, paid authorship, intellectual property rights* | Monetary value of financial interest:  *Estimate the approximate value if the exact value is not readily available* |
|  |  |  |
|  |  |  |
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| *Add/delete rows as necessary* | | |

During the past 12 months did you receive a payment, either as an advance or a reimbursement, for travel (either transportation, lodging or meals) from a for-profit organization or a non-university non-profit organization, or were the costs of travel (alone or together with lodging and/or meals) paid directly for you by any such organization?

Yes  No

*Note: travel disclosure is not required if the travel is reimbursed by a federal, state or local government; institution of higher education; academic teaching hospital, medical center, or research institute that is affiliated with an institution of higher education.*

Please provide the following information for each travel disclosure.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose of trip: | Sponsor/organizer: | Destination: | Duration of trip: | Monetary value of travel expenses:  *Estimate the approximate value if the exact value is not readily available* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *Add/delete rows as necessary* | | | | |