



85 Lincoln Street, Framingham, MA 01702

Disclosure of Financial Conflict of Interest Status

As of October 1, 1995, federal regulations require that certain types of organizations manage, reduce, or eliminate any actual or potential conflicts of interest that may be presented by the compensated activities or other financial interests of persons involved in sponsored research projects funded by Public Health Services (PHS) and the National Science Foundation (NSF). Since it is expected that other federal agencies will mandate similar regulations, it is the policy of MetroWest Medical Center that this form be completed and submitted to the Research Administration with every proposal for sponsored research or educational activities as this institution undertakes protocols in collaboration with various universities and other educational and experimental facilities in the Commonwealth of Massachusetts.

Type of Disclosure (check one) Proposal Submission Periodic Revision

Investigator*: _____ Department: _____

Title of Proposal: _____

Funding Agency or Sponsor: _____

Check all that apply:

I have no significant financial interest(s) ** that would reasonably appear to affect or be affected by this proposed or funded sponsored project.

I am disclosing the following significant financial interest(s) that would reasonably appear to affect or be affected by this proposed sponsored project, and I am attaching supporting documentation that identifies the business enterprise or entity involved and the nature and amount of the interest;

- Salary or other payments for services, such as consulting fees and honoraria.
- Equity interests, such as stocks and stock options.
- Intellectual property rights, such as patents, copyrights and royalties.
- Other significant financial interests that possibly would affect or be perceived to affect the results of the research, educational or service activities funded or proposed for funding.

Further, I agree

- a) To update this disclosure annually during the period of the award and any time new reportable significant financial interests are obtained, and
- b) to comply with any conditions or restrictions imposed by MetroWest Medical Center to manage, reduce or eliminate actual or potential conflicts of interest, or forfeit the award.

Investigator's Signature: _____ Date: _____

Department Chairman' Signature: _____ Date: _____

THIS FORM MUST ACCOMPANY ALL PROPOSALS

* For the purpose of this disclosure, *investigator* is defined as the principal investigator/project director, co-principal investigators or any other persons who are responsible for the design, conduct or reporting of research or educational activities funded (or proposed for funding) by an external sponsor.

** For the purpose of disclosure, *significant financial interests* are defined as salary or other payment for services or intellectual property rights that, when aggregated over the next twelve months for an investigator and his/her spouse and dependent children, are expected to exceed \$10,000; and equity or ownership interests held by an investigator or his/her spouse and dependent children that represents more than a five percent ownership or exceeds \$10,000 in value.