The United States Public Health Service (PHS) Financial Conflict of Interest (FCOI) policy (effective August 24, 2012) mandates that the Duke University determine if a consultant/collaborator has a PHS-compliant FCOI policy, and also requires the consultant/collaborator to disclose certain information should a FCOI be present. Duke University will collect this information prior to issuing any agreement, and then annually at the time of renewal.

Consultant/Collaborator Information

- Consultant/Collaborator name: ________________________
- Consultant/Collaborator email address: _______________________________
- Consultant/Collaborator phone number: __________________
- FCOI contact information (if different from consultant/collaborator): ________________________________

Financial Conflict of Interest Information

- As a consultant/collaborator, I **DO** have a PHS-compliant Financial Conflict of Interest (FCOI) policy and will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulation.

- As a consultant/collaborator, I **DO NOT** have a PHS-compliant Financial Conflict of Interest (FCOI) policy.

  Note: Consultants/collaborators checking this option are required to follow Duke’s COI and FCOI Policies: [https://medschool.duke.edu/sites/default/files/field/attachments/FCOI-May-2011-1.pdf](https://medschool.duke.edu/sites/default/files/field/attachments/FCOI-May-2011-1.pdf)

Project Specific FCOI Information (Only required if using your organization’s FCOI policy)

- NO conflicts of interest need to be disclosed at this time.
- YES, there are conflicts of interest to be disclosed. For each of the investigators on this project with a positive FCOI, please included the data requirements listed on page 2.

Signature

- Signature of Consultant/Collaborator: _____________________________  Date: ________________

For internal use only:  SPS number: ________________________________  Agency ID: ________________________________
If there is a positive FCOI, please complete the following data requirements:

Award number: ____________________________________________

PD/PI or contact PD/PI: _________________________________________

Name of Investigator with the FCOI: _____________________________

Name of the entity(s) with which the Investigator has an FCOI

Nature of FCOI (e.g., equity, consulting fees, travel reimbursement, honoraria)

Value of the financial interest $0-$4,999; $5,000-$9,999; $10,000-$19,999; amounts between $20,000-$100,000 by increments of $20,000; amounts above $100,000 by increments of $50,000, or a statement that a value cannot be readily determined.

Provide a description how the financial interest relates to NIH-funded research and the basis for the Institution’s determination that the financial interest conflicts with such research.

Provide the key elements of the Institution’s management plan.