**Significant Financial Interest (SFI) Disclosure Form**Upload with signed COI certification form into RD2K[[1]](#footnote-1). [See instructions](https://share.uh.edu/dor/SitePages/Upload%20a%20Conflict%20of%20Interest%20form%20into%20RD2K.aspx) (CougarNet access).

Please complete this SFI Disclosure Form to describe a "Yes" answer to any of the questions on the [Conflict of Interest Certification of Compliance form](http://www.uh.edu/research/resources/dor-forms/coi-forms/DOR.ORPCC.C.01%20FCOI%20Certification.docx). A separate SFI Disclosure Form is required **for each entity**in/with which you have a Significant Financial Interest that may reasonably appear to be related to or conflict with your institutional responsibilities on behalf of the University of Houston.

Updated disclosures are required annually with submission of certification, and:

* Within 30 days in the case of any new acquisitions or discovery of new significant financial interests
* At the time of application for new funding, if current financial interests could reasonably affect or be affected by the proposed research

Failure to do so can delay the submission of proposals or the release of research funding.

**Disclosures** **indicating a significant financial interest above the designated thresholds are reviewed by the University of Houston’s Conflict of Interest Committee. To avoid potential delays, be as detailed and specific as possible.**

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| --- | --- | --- | --- |
| Name: |  |  |  |
| Department: |  | Unit/College: |  |

**Position (check one):**

Faculty  Research Faculty  Academic/Research Staff  Grad/Undergrad Student

**Percent University Appointment:**      %

External Investigator Home institution/organization:

**Provide a short summary describing the relationship between the** **Significant Financial Interest (SFI) selected on your Certification form and your research or other institutional duties. How might this external financial relationship** **reasonably appear to affect (or be affected by) these duties?**

**If the SFI is related to a funded project or a project proposed for funding,** **provide the applicable 6-digit Project ID/Proposal number(s) from RD2K[[2]](#footnote-2):**

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| **FILL OUT ONLY THE SECTIONS THAT APPLY** |

**Section I: Remuneration**  This section does not apply.

Refer to Certification questions 1 and 5.

Remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship, and travel reimbursement) received in the preceding 12 months.

1. Name of the entity from which you, your spouse, or dependent children, combined, receive remuneration:

1. Type of entity (check the appropriate boxes):

**Publicly-traded entity** (Disclose if >$5,000 for PHS-funded investigators; >$10,000 all others)

Indicate the range, in U.S. Dollars, of remuneration:

**PHS-funded Investigators Non PHS-funded Investigators**

$5,000-$9,999  > $10,000

$10,000-$19,999

$20,000-$39,999

$40,000-$59,999

$60,000-$79,999

$80,000-$99,999

$100,000 and above. If above, specify the amount: $

**OR**

**Non-publicly traded entity** (Disclose if >$5,000, regardless of investigator funding)

Indicate the range, in U.S. Dollars, of remuneration:

**PHS-funded Investigators Non PHS-funded Investigators**

$5,000-$9,999  > $5,000

$10,000-$19,999

$20,000-$39,999

$40,000-$59,999

$60,000-$79,999

$80,000-$99,999

$100,000 and above. If above, specify the amount in increments of $50,000: $

1. Describe the business of this entity:

1. What is the nature of the relationship/service for which you, your spouse, or dependent children will receive compensation?

**Section II: Equity/Ownership Interest**  This section does not apply.

Refer to Certification questions 2 and 4.

Equity/ownership interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.

1. Name of the entity in which you, your spouse, and/or dependent children, have an equity/ownership interest:

1. Type of entity (check the appropriate boxes):

**Publicly-traded company** (Disclose if >$5,000 for PHS-funded investigators; >$10,000 all others)

Indicate the range, in U.S. Dollars, of stock:

**PHS-funded Investigators Non PHS-funded Investigators**

$5,000-$9,999  > $10,000

$10,000-$19,999

$20,000-$39,999

$40,000-$59,999

$60,000-$79,999

$80,000-$99,999

$100,000 and above. If above, specify the amount in increments of $50,000: $

**OR**

**Non-publicly traded entity** (Disclose any amount, regardless of investigator funding)

Indicate the range, in U.S. Dollars, of stock, stock options, and other ownership interest:

$1-$4,999

$5,000-$9,999

$10,000-$19,999

$20,000-$39,999

$40,000-$59,999

$60,000-$79,999

$80,000-$99,999

$100,000 and above. If above, specify the amount in increments of $50,000: $

Describe you and/or your immediate family’s role or ownership interest in the organization, including any applicable titles and description of decision-making authority.

1. Check here if percentage ownership is ≥ 5%

**Section III: Combination of I and II above**  This section does not apply.

Refer to Certification question 3.

Regardless of whether the amounts meet individual thresholds for disclosure, does the combination of the above items (I. Remuneration and II. Equity/Ownership Interest) exceed $10,000 ($5,000 for PHS-funded investigators) received in the preceding 12 months?

Yes  No

Describe:

**Section IV: Intellectual Property**  This section does not apply.

Refer to Certification question 7.

If you or a member of your immediate family have rights to and/or receive royalties from intellectual property (including patents, copyrights, and trademarks, but excluding academic or scholarly work or royalties from intellectual property licensed or managed by UH) licensed to and/or owned by a for-profit company, please describe the intellectual property to which the payments are related and how it is, or is not, related to your UH research and sponsored program activities:

**Section V: Other Leadership/Decision-making Roles**  This section does not apply.

Refer to Certification question 6.

In addition to those relationships disclosed above, if you or a member of your immediate family serve(s) as a director, trustee, officer, or other key employee in a for-profit corporation, partnership, business, or other entity outside of the University of Houston that might reasonably appear to conflict with your Institutional duties, describe:

**Section VI: Additional Questions** All should review these questions.

Check all that apply:

My UH research/sponsored program activities, as related to the above disclosure, involve human subjects. CPHS protocol number(s):      .

Is the research subject to FDA regulation under CFR Title 21?  Yes  No

My UH research/sponsored program activities, as related to the above disclosure, involve research in laboratory animals. IACUC protocol number(s):

Products and/or services made/delivered by the above-identified entity in which I have a financial interest are being used in my research/sponsored program activities.

The entity in which I have a financial interest actively sponsors research, testing, and/or educational activities at the University of Houston.

UH subcontracts to this entity for research services.

None of the above applies.

Describe any answers checked above:

**Section: Management Plan:**  This section does not apply.

Describe any means by which you intend to, or are currently, managing actual or potential conflicts of interest related to this disclosure (see [policy](http://www.uh.edu/research/compliance/coi/COI%20Policy/) for examples). Alternately, a separate document containing this plan may be attached.

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Please attach this disclosure to your Certification form and provide the required signatures. Following review and signature, submit through RD2K ([see submission instructions](https://share.uh.edu/dor/SitePages/Upload%20a%20Conflict%20of%20Interest%20form%20into%20RD2K.aspx)).

**Investigator Signature:**

In submitting this form, I certify that the above information is true and complete to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Investigator |  | Date |

1. If you do not have access to RD2K, consult your Departmental Business Administrator to determine the Departmental process.  
    [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)