

SIGNIFICANT FINANCIAL INTEREST (SFI) DISCLOSURE FORM – NON-IP

Upload with signed COI certification form into RD2K¹. [See instructions.](#) (FY2016)

For assistance in filling out this form, please call 713-743-9255

Complete this SFI Disclosure Form to describe a "Yes" answer to questions 1-6 on the [Conflict of Interest Certification form](#). A separate SFI Disclosure Form is required **for each entity** in which you have a Significant Financial Interest that may reasonably appear to be related to your institutional responsibilities on behalf of the University of Houston².

This form should be used for financial interests NOT related to licensed Intellectual Property. If your interests are related to licensed Intellectual Property, fill out a [COI IP Disclosure Form](#).

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.

Name:

Department/College/Center:

Entity in which you have a financial interest:

Describe the business of this entity:

Who holds the Significant Financial Interest?

Self

Spouse

Dependent child(ren)

If spouse or dependent child, is he/she a UH employee? Yes No

If yes, name:

¹ If you do not have access to RD2K, consult your Departmental Business Administrator to determine the Departmental process.

²**Institutional Responsibilities** - Investigators' professional responsibilities on behalf of the Institution including, but not limited to, activities such as research, research consultation, teaching, professional practice, Institutional committee memberships, and service on panels such as Institutional Review Boards and Data Safety Monitoring Boards. All duties referred to in the University of Houston Faculty Handbook are considered Institutional Responsibilities.

FILL OUT ONLY THE SECTIONS THAT APPLY

Section I: Remuneration

This section does not apply.

Refer to Certification questions 1 and 5.

Remuneration includes aggregated salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, and paid authorship) received in the preceding 12 months³.

Type of entity (check the appropriate box):

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

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

\$5,000-\$9,999 For PHS⁴-funded Investigator disclosure ONLY

Otherwise:

\$10,000-\$19,999

\$60,000-\$79,999

\$20,000-\$39,999

\$80,000-\$99,999

\$40,000-\$59,999

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

OR

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

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

\$5,000-\$9,999

\$60,000-\$79,999

\$10,000-\$19,999

\$80,000-\$99,999

\$20,000-\$39,999

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

\$40,000-\$59,999

Type of remuneration:

Salary Consulting fees Honorarium Paid authorship Other

Briefly describe:

³ This form is not used to disclose Intellectual Property-related income. Please use the [COI IP disclosure form](#).

⁴ Disclose this amount related to your financial interest only if you receive or are applying for Public Health Service (PHS) funds or if the non-federal funding agency requires compliance with the lower thresholds set forth by the PHS policy. Review and consider your agency's requirements when providing a conflict of interest certification.

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.

A. Type of entity (check the appropriate box):

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

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

\$5,000-\$9,999 For PHS⁵-funded Investigator disclosure ONLY

Otherwise:

\$10,000-\$19,999

\$60,000-\$79,999

\$20,000-\$39,999

\$80,000-\$99,999

\$40,000-\$59,999

\$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

\$60,000-\$79,999

\$5,000-\$9,999

\$80,000-\$99,999

\$10,000-\$19,999

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

\$20,000-\$39,999

\$40,000-\$59,999

B. Check here if percentage ownership is ≥ 5%

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.

⁵ Disclose this amount related to your financial interest only if you receive or are applying for Public Health Service (PHS) funds or if the non-federal funding agency requires compliance with the lower thresholds set forth by the PHS policy. Review and consider your agency's requirements when providing a conflict of interest certification.

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) when aggregated over the preceding 12 months?

Yes No

Section IV: Other Leadership/Decision-Making Roles

This section does not apply.

Refer to Certification question 6.

Describe your/your family's leadership or decision-making role in this entity (e.g. director, trustee, other key employee):

Section V: Proposed/Funded Activities

Describe the project(s) in which you/your family's financial interest in this entity might reasonably appear to affect the design, conduct, or reporting of the proposed or active research (for example, the use or testing of products, technologies, or services associated with this entity). Further explanation regarding the nature of the conflict is requested in Section VI.

Provide all applicable proposal/grant numbers:

Does the research involve any of the following?

Human Subjects Research – including studies considered “exempt”

No

Yes:

CPHS Protocol Number:

Title:

Principal Investigator:

Is this research subject to FDA regulation (investigational drug/device/biologic)?

No

Yes, name of product:

Laboratory Animal Research

No

Yes:

IACUC Protocol Number:

Title:

Principal Investigator:

Other research (e.g. benchtop)

No

Yes; Describe:

For any of the types of research that you answered "Yes" above, describe YOUR ROLE in the design, reporting, and conduct of the research:

Describe how the product/technology/service is used in your active or proposed research/educational activities:

Section VI: Summary of Potential Conflict

This section applies to all.

Please provide a DETAILED summary of how the interest in the entity you have disclosed might reasonably appear to affect (or be affected by) your funded/proposed research.

Section VII: Management Plan

Describe any means by which you intend to, or are currently, managing actual or potential conflicts of interest related to this disclosure (see [policy](#) for examples). Alternately, a separate document containing this plan may be attached.

Attach this and any other applicable disclosures to your Certification form prior to routing for required signatures.

INVESTIGATOR SIGNATURE

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

Investigator

Date

REMINDER

As a reminder, 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.