

University of Pikeville
Significant Financial Interest (SFI) Form

All investigators are to complete this form in accordance with the University of Pikeville Financial Conflict of Interest in Research policy.

Submit this form when requested for pending awards/JIT requests from the Public Health Service (PHS), including the National Institutes of Health (NIH), or any other entity that has adopted the PHS requirements for financial disclosure. This requirement extends to subawards to the University of Pikeville.

For more information, see UPIKE's Financial Conflict of Interest in Research policy. For assistance, please contact the UPIKE grants office.

This disclosure is for a:

New disclosure

Updated Disclosure

Disclosing Investigator Name:

Email:

Academic Department/Institution:

Principal Investigator Name (if different from Investigator):

Email:

Phoebe Proposal Number (if New Disclosure):

Proposal/Project Title:

Agency Award Number (if Updated Disclosure) :

Proposal Type (please select one):

Public Health Service (PHS): _____ (name agency)

Subaward from _____ under PHS prime _____

Other (i.e., entity that has adopted PHS regulations)

Subaward from under _____ prime _____

This project is a renewal or continuation for which I have already disclosed and been approved by the University; and I have no new interests; and there have been no changes to what I disclosed previously. Please skip to Certification by Disclosing Investigator.

Disclosure

Provide information about any Significant Financial Interests (SFI) of the disclosing Investigator related to that individual's institutional responsibilities. For each entity listed below, complete a separate Significant Financial Interests – Entity section of the form.

Entity Name	Disclosure Type (Check all that apply.)	Do these interests relate to the above-referenced PHS-funded research project?
Name: _____ Publicly Traded Non-Publicly Traded Did you acquire the interest in the past 30 days? Yes No	Income: \$ _____ IP (including royalties, license fees, etc.) Stock and/or Stock Options Number of Shares: _____ Estimated Current Stock Value: \$ _____ % of Issued and Outstanding Shares: <5% 6-10% 11-25% >26%	Yes No Explanation (required for both yes and no):
Name: _____ Publicly Traded Non-Publicly Traded Did you acquire the interest in the past 30 days? Yes No	Income: \$ _____ IP (including royalties, license fees, etc.) Stock and/or Stock Options Number of Shares: _____ Estimated Current Stock Value: \$ _____ % of Issued and Outstanding Shares: <5% 6-10% 11-25% >26%	Yes No Explanation (required for both yes and no):
Name: _____ Publicly Traded Non-Publicly Traded Did you acquire the interest in the past 30 days? Yes No	Income: \$ _____ IP (including royalties, license fees, etc.) Stock and/or Stock Options Number of Shares: _____ Estimated Current Stock Value: \$ _____ % of Issued and Outstanding Shares: <5% 6-10% 11-25% >26%	Yes No Explanation (required for both yes and no):

Attach additional sheets as necessary

Reimbursed or Sponsored Travel

Report all travel in excess of \$5,000 per entity. Exclude travel that is reimbursed or sponsored by a U.S. federal, state, or local government agency, an Institution of higher education as defined by 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute affiliated with Institution of higher education. Attach additional sheets as necessary.

Report any reimbursed or sponsored travel in excess of \$5,000 per entity not included below within 30 days after the travel occurs by sending email to the Executive Vice President and Chief Strategy Officer at loriwerth@upike.edu

Recent Travel (last 12 months in excess of \$5,000 per entity)

Entity	Destination	Duration	Purpose of Trip

Planned Travel (upcoming 12 months)

Entity	Destination	Duration	Purpose of Trip
	Continental U.S. Other	1-5 Days 6-10 Days Over 10 Days	
	Continental U.S. Other	1-5 Days 6-10 Days Over 10 Days	
	Continental U.S. Other	1-5 Days 6-10 Days Over 10 Days	
	Continental U.S. Other	1-5 Days 6-10 Days Over 10 Days	
	Continental U.S. Other	1-5 Days 6-10 Days Over 10 Days	

Significant Financial Interests - Entity

Important: Complete the following pages for each entity with which you have a Significant Financial Interests (SFI) (see Disclosure section), and attach to form.

Name of Entity:	Entity's Address:
Principal Business of Entity:	

SFI – Income

1. If you received any consulting income from the Entity, please specifically describe the nature of your consulting activities or services. (If consulting income exceeded \$10,000 within the last 12 months, please attach a copy of the consulting agreement.)
2. If you received other income or payment for services from the Entity, please describe the services for which payment was received.

Relationship with Entity

Impact on Financial Interests

3. Does the PHS-funded research project listed above involve testing of any drugs or devices or the development of a product or service of interest to the entity?
No
Yes - if yes, please explain:
4. Does, or will, the Entity manufacture or commercialize any device, procedure, drug, vaccine or any other product that is associated with or that will predictably result from the PHS-funded research project listed above?
No
Yes - if yes, please explain:
5. Is it reasonable to anticipate that the Entity could be affected by the PHS-funded research project listed above? Affected may include, but is not limited to, business impact if licensing interest in research results.

No - if no, please explain:

Yes - if yes, please explain:

6. If you, your spouse, registered domestic partner, or dependent child(ren) hold a position of management with the Entity, state the position title, describe the responsibilities of the position, and explain any relationship to this project.
7. If this proposal includes the Entity as a subcontractor, consortium member, supplier of goods, lessor or other involvement in the project, explain and describe.

Separation of University and Outside Interests

8. How will you keep your interests and obligations to the Entity separate from your University activities associated with the PHS-funded research project listed above? Responses could include examples of a clear division of the Entity's goals and business interests and the aims of the PHS- funded research project listed above.
9. Are there any mitigating factors? (Check all that apply.)
 - Entity is one of at least several involved in the research project
 - Entity is a large company with products unrelated to this research
 - Other non-conflicted Investigators collect data and perform data analyses
 - None of the above
10. Is the Entity providing any of the following for use in the PHS-funded research project listed above? (Check all that apply.)
 - Proprietary data
 - Test material, research tools or drugs
 - Equipment or devices
 - Entity's facility
 - Entity's personnel
 - None

Openness of Teaching and Research Environment

11. Are there any undergraduate, graduate or postdoctoral students involved in the PHS-funded research project listed above?
 - No - if no, skip to question 14.
 - Yes - if yes, please explain:
12. Are you the advisor to any of these students?
 - No

Yes

13. Are there any constraints or restrictions imposed on the reporting of student work?

No

Yes - if yes, please explain:

Licensing

14. Do you, your spouse or dependent child(ren) have an inventive or ownership interest in any intellectual property that will be utilized in the PHS- funded research project listed above?

No - if no, skip to question 16.

Yes - if yes, provide a brief non-technical description of the intellectual property involved:

15. Please identify the owner of the intellectual property to be utilized in the project:

Self

The University of Pikeville

Other (identify):

16. Does the Entity hold rights to a pending application or issued patent to an invention, license right, or copyright for software of yours, your spouse or dependent child(ren)?

No

Yes: the license is from the University

Yes: the application, patent, license or copyright does not involve University-owned intellectual property

17. Please list any previous and pending patents and any recently submitted disclosure of inventions of yours.

Complete the above Significant Financial Interests - Entity section for each entity listed in the Disclosure section and attach to form.

Certification by Disclosing Investigator

I certify under penalty of perjury that this is a complete disclosure of all my significant financial interests related to my institutional responsibilities and I have used all reasonable diligence in preparing this Financial Interest Disclosure, and to the best of my knowledge it is true and complete. I also

acknowledge that by signing my name below that it is my responsibility to disclose, within 30 days, any new significant financial interests obtained during the term of the above proposed project.

Signature:

Date:

The information provided herein may be released or transmitted to the sponsor, including federal agency representatives, and according to the applicable state and federal law and may also be released to the public, upon request, in accordance with institutional policy, state law, and federal law. These records will be retained for 3 years after termination of sponsored project or until resolution of any action by the sponsor, whichever is greater.