

Partners PHS/NSF/AHA Conflicts of Interest Disclosure Form

The Public Health Service (PHS), the National Science Foundation (NSF), and the American Heart Association (AHA) require each Principal Investigator, Co-Investigator, or other Individual who is responsible for the design, conduct, or reporting of funded research (all are referred to below as “Investigators”) to disclose potential conflicts of interest between his or her personal or family financial involvements and the research proposed in his or her grant application. Copies of the regulations and policies detailing these requirements are available from Partners Research Management.

To summarize the requirements, each Investigator identified in a grant application must disclose to Partners any “Significant Financial Interests” (i) that would reasonably appear to be affected by the research for which the funding is sought, or (ii) in or from entities whose financial interests would reasonably appear to be affected by the research. Thinking about whether this applies to you is really a *two-step process*:

- **First**, by “Significant Financial Interest” they mean any salary or other payment for services, royalties, and any other payments from a company that in the aggregate exceed \$10,000 per year, or any equity interest that exceeds \$10,000 or 5% ownership in an entity. Note that “Significant Financial Interest” includes the aggregate interests held by the Investigator and his/her spouse and dependent children as well. However, the term does *not* include royalties paid to you through BWH, MGH, or another Partners-affiliated Hospital, salary or other remuneration from your Partners-affiliated Hospital, or any income from teaching or speaking engagements at, or service on advisory or review committees of, nonprofit or public entities. Given all this, you must first determine if you have a “Significant Financial Interest.”
- **Second**, if you have a “Significant Financial Interest” you should then use your best judgment as to whether the Financial Interest *would reasonably appear to be affected by the research* for which the funding is sought, or is *in or from entities whose financial interests would reasonably appear to be affected by the research*. If the answer is “yes”, you must indicate that on the disclosure form.

Note that the Significant Financial Interests that Investigators must disclose under the PHS/NSF/AHA regulations go beyond those which are prohibited under the conflicts of interest rules of Harvard Medical School and Partners HealthCare System. Examples of interests that are not prohibited by HMS or Partners, but that must be disclosed under the PHS/NSF/AHA rules are: receipt of over \$10,000 per year from a company that co-sponsors, or may benefit from, your NIH-sponsored non-clinical research; holding equity (over the amounts described above) in a company that does not sponsor but may benefit from your NIH-sponsored non-clinical research; and holding equity (over the amounts described above) in, or receiving over \$10,000 per year from, a company that derives a significant portion of its revenue from a product that competes with the technology that is the subject of your NIH-sponsored clinical or non-clinical research.

Partners Research Management will review Investigator disclosures and make a judgment as to whether a problematic conflict exists. If it does, Partners must manage, reduce, or eliminate the conflict before a grant is activated; Partners is further required to report the existence of such a conflict to the funding agency. The specific financial information provided on your form will be handled as discretely as possible, but it may be necessary to report it if so requested by the funding agency.

The PI must ensure that all key personnel (all those responsible for the design, conduct or reporting of the research whether or not they receive salary support from this grant) complete this form and must submit all forms along with the PI’s grant application to Partners Research Management. Key personnel must report to Partners Research Management any new reportable Significant Financial Interests acquired during the period of the award. Harvard Medical School disclosure obligations should also be honored as circumstances change.

*** Please complete the form on the next page and return it to Partners Research Management along with the relevant PHS, NSF or AHA grant application/s. ***

Partners PHS/NSF/AHA Conflicts of Interest Disclosure Form

Investigator Name: _____
(Please Print)

Title of Grant Application: _____

PLEASE CHECK ONE (Note carefully the criteria):

DO YOU (including your spouse and dependent children) have any Significant Financial Interests (i) that would reasonably appear to be affected by the research for which the funding is sought, or (ii) in or from entities whose financial interests would reasonably appear to be affected by the proposed research?

NO

YES

IF YOU ANSWERED NO, please sign the form below and return.

IF YOU ANSWERED YES, please describe the **Significant Financial Interest**:

- Does it consist of Income? Employment, consultant, non-institutional royalty or other income that, in the aggregate (including that to my spouse and dependent children), exceeds \$10,000 per year:

- Does it consist of Equity? Financial interests, including equity and options that, in the aggregate (including that held by my spouse and dependent children), exceeds \$10,000 or 5% share of the entity:

- Please briefly explain the connection between your proposed research and the Income and/or Equity interest(s) you have listed above (i.e., why is this Significant Financial Interest reasonably likely to be affected by the research, or why is the entity in which you have the Financial Interest reasonably likely to be affected by the proposed research?). Use back of form or additional sheets, if needed.

N.B. If you have not disclosed this Significant Financial Interest to Harvard Medical School with respect to your activities as a faculty member at HMS, you must complete the HMS disclosure form and (a) submit it directly to HMS in a separate envelope, and (b) include a copy of that form with this grant application. Disclosure forms are available through the HMS Office for Research Issues: 617-432-3191.

SIGN AND DATE HERE:

Signed - Investigator

Date

For RM: ReX. # _____ Principal Investigator: _____ (Please print)