

Significant Financial Interest – Disclosure and Management Plan (SFI-DMP): Part I

Conflict of Interest

University of Illinois at Chicago
 Office of Vice Chancellor for Research
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First & Last Name		College(s)	
University Email		Dept(s)/Unit(s)	
Employee's UIN			

A. Disclosure of Sign

I DO NOT HAVE ANY SIGNIFICANT FINANCIAL INTERESTS OR SPONSORED OR REIMBURSED TRAVEL at present or in the preceding 12 months. *(if checked, skip to Part B – signature page)*

If the Investigator has more than one relationship with an outside entity to disclose, then please replicate this page as needed. Use one page per external entity. You may attach a statement if not enough space is provided. [SFI-DMP Guidelines & FAQs](#).

- Name of Non-University of Illinois entity** *(list one entity per page)*: _____
 Indicate if this disclosure is new or an update.
- Describe the financial relationship with the entity at present or in the 12 months preceding the date of this disclosure.** *(check all that apply and complete required disclosure information for each section)*
 - Remuneration includes salary and any payment for services** *(e.g. consulting fees, honoraria, paid authorship, or other supplemental income)*. If checked, indicate the level of financial interest *(check one below)*:
 \$0-\$4,999 \$5,000-\$9,999 \$10,000-\$19,999 \$20,000-\$100,000
 If greater specify: _____
 Value cannot be determined by reference to public prices or other reasonable measures of fair market value.
 - Equity interest includes any stock, stock option, or other ownership interest.** *If checked, complete the section.*
 Total percent owned by you & family: _____%
 Entity is: Publicly traded , Non-Publicly traded , N/A , explain: _____
 If Publicly traded, indicate the present value of the equity *(check one below)*:
 \$0-\$4,999 \$5,000-\$9,999 \$10,000-\$19,999 \$20,000-\$100,000
 If greater specify: _____
 Value cannot be determined by reference to public prices or other reasonable measures of fair market value.
 - Intellectual property rights and interests** *(e.g. patents not assigned to the University of Illinois; licenses from the University of Illinois to the external entity; copyrights; royalties that are not paid by the University of Illinois)*.
 - Fiduciary role** *(e.g. executive role, a voting member of the board, even if unpaid)*
 - Other.** Describe: _____
- In the past 12 months, did the external entity reimburse or sponsor travel?** Yes *(if yes, specify below)* No *(skip to Q4)*
 Purpose of the trip(s): _____
 Destination(s): _____
 Duration (total # of days): _____
 Aggregate value of the travel expenses *(check one below)*:
 \$0-4,999 \$5,000 - \$9,999 \$10,000 - \$19,999 \$20,000 - \$100,000
 If greater, specify amount: _____
 Value cannot be determined by reference to public prices or other reasonable measures of fair market value.
- Describe how the financial interest is or may be related to any of the Investigator's research.**
 - The activities with the external entity are **not related** to any of the Investigator's research.
 - Entity is or may be a research sponsor.
 - Entity's product(s) or service(s) is or may be utilized, tested, evaluated, or otherwise in any research.
 - Entity does/will license University intellectual property utilized, tested, evaluated or otherwise in any research.
 - Investigator's institutional responsibilities may involve or require interacting with the external entity.
 - Other, describe: _____
 If related, list sponsored research (title or PAF#): _____

- Will the relationship continue into the next 12 months from the date of this disclosure?** Yes No
(continue to section B - signature page)

B. Investigator's Affirmation

The investigator affirms that:

- The above information is true to the best of his/her knowledge.
- He/She has read the University's [Policy on Conflicts of Commitment and Interest](#).
- External activities disclosed here have been disclosed and approved on the academic staff member's [Report of Non-University Activities \(RNUA\)](#) form if the investigator is required to submit the RNUA form.
- If the disclosed relationship with the external entity is determined by the University to be a significant financial interest related to the research question on sponsored research, then the relationship will be determined to be a Financial Conflict of Interest (FCOI) and the investigator must have an approved University management plan prior to expenditure of funds related to the research project. At UIC, investigators will complete [Part II of the Significant Financial Interest-Disclosure and Management Plan \(SFI-DMP: Part II\)](#) form.

If research is funded by HHS or PHS:

- Prior to receiving HHS/PHS funds, the investigator must complete mandatory financial conflict of interest [training](#) and update training as required by the University (42 CFR 50.605).
- If the financial or fiduciary relationship changes during the funding period, the investigator agrees to update Part I of the Significant Financial Interest-Disclosure and Management Plan (SFI-DMP: Part I) form within 30 days of acquiring or discovering a new or a change in the Investigator's financial or fiduciary relationship.
- The investigator must disclose sponsored or reimbursed travel (42 CFR 50.605) that meets the \$5000 de minimus within 30 days if not previously reported on this form. The investigator agrees to update Part I of the Significant Financial Interest-Disclosure and Management Plan (SFI-DMP: Part I) form within 30 days of the travel.
- At the time of the annual continuing review (competitive and non-competitive), the investigator will submit an updated Part I of the Significant Financial Interest-Disclosure and Management Plan (SFI-DMP: Part I) form to the COI Office. A revised SFI-DMP: Part II may be required if the situation has changed and the management merits revision.
- The University is required to report all financial conflicts of interest (FCOIs) to the HHS/PHS funding agency or primary award institution when UIC is a sub-contract (42 CFR 50.605).
- All HHS/PHS investigator disclosures are subject to the public disclosure requirements of the PHS regulation (42 CFR 50.605). The University must provide written response to written requests within 5 business days of receipt of request.
- The Investigator will comply with any further requests for information or clarification from the University.

- (1) Type in your name on the signature line below which acts as your signature.
- (2) Save this form for your records (please be sure to rename it using your last name).
- (3) Submit the form by using the submit button or via email to COI@uic.edu.

Investigator Signature: _____ Date: _____

C. COI Office Review (For Internal Use Only)

- No financial or fiduciary relationships disclosed; or the financial interest does not meet the SFI threshold.
- The relationship disclosed represents a significant financial interest (SFI)
- The SFI disclosed may be reasonably related to the research question for studies specified below.
- The SFI is determined to be a Financial Conflict of Interest that requires additional management.
- The University is required to report the FCOI to the funding agency.

Identify the HHS/PHS research applicable to the investigator's disclosure:

Grant Number	PAF Number	IRB Number	Other Information