

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. For definitions, examples, & a list of exemptions from reporting requirements see [SFI-DMP 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