



WHEELING UNIVERSITY

Wheeling University Significant Financial Interest (SFI) Disclosure Form

The purpose of this questionnaire is to identify all significant financial interests (SFI) held by federally funded research investigators as described in the Wheeling University [Financial Conflict of Interest Policy](#) in accordance with federal regulations. The goal is to identify and manage any financial relationships that could potentially compromise the integrity of research or perception that research could be affected by financial interests.

The existence of a SFI does not necessarily represent a Financial Conflict of Interest, but must be disclosed. Further, a Conflict of Interest is not prohibited in and of itself, but it must be managed appropriately and in accordance with the funder's requirements and applicable regulations

The following questions apply to investigators involved in research conducted at Wheeling University. Immediate family includes spouse, domestic partner, and dependent children. The term 'sponsor' includes any entity outside the University that financially supports respondents' research.

The Disclosure Form will be reviewed by the WU Institutional Officer or designee, and in consultation with the researcher a management plan will be developed for any potential conflicts identified.

1. NIH/PHS Funding

Have you received research funding from the National Institute of Health (NIH) or another U.S. Public Health Service (PHS) agency in the past twelve months, or do you reasonably expect to receive such funding in the remainder of the current year? Please note that research funding includes direct funding from an NIH/PHS grant or contract, or funding received as a subaward from another institution where the NIH/PHS was a sponsor.

Yes___ (please provide details below) No___

Grant Agency:

Project(s) title(s):

Yearly Amount:

2. Financial Interests

In the past twelve months, have you or a member of your immediate family (i.e. spouse, domestic partner and/or dependent children) received personal income or anything of monetary value (e.g., consulting fees, honoraria, paid authorship, equity interest) from an external company, entity, or organization which in aggregate exceeds \$5,000?

Yes___ (please provide details below) No___

Name of company/organization:

Type of business:

Description of financial interest:

Interest held by:

3. Intellectual Property Interests

Do you and/or your immediate family members receive royalty income or have a right to receive future royalties under a patent license or copyright, or other intellectual property rights?

Yes___ (please provide details below) No___

Source of IP Income:

Yearly Amount:

4. Fiduciary Relationship

Do you or a member of your immediate family serve in a role with fiduciary responsibilities, (e.g. board member, trustee, executive officer, or treasurer) with an external company or organization that to an independent observer could be related to or affected by your research?

Yes___ (please provide details below) No___

Name of Entity:

Position Held:

Position Held by: Self___ Family Member (please indicate relationship) _____

5. Travel

List any occurrence of reimbursed or sponsored travel by an outside entity related to your institutional responsibilities, excluding the following: travel that is reimbursed or sponsored by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

Purpose of trip:

Sponsor/organizer:

Destination:

Trip duration (please include dates):

Amount of reimbursement or estimated cost of trip:

Researcher Acknowledgement

By submission of this form I hereby acknowledge that I have read and understand the Financial Conflict of Interest Policy and that the aforementioned facts and situations indicate all potential research conflicts of interest with regard to my position at the University according to the Policy. If I have none, I have so indicated in the spaces provided. I acknowledge that I have a continuing obligation to file an updated form prior to filing the next annual disclosure, if changes arise that may either give rise to a potential research conflict of interest or eliminate a conflict of interest previously discussed.

Printed Name

Signature

Date