

Significant Financial Interests (SFI) Disclosure Form for Research Funded by the U.S. Public Health Service (PHS)

Directions: Pursuant to the U.S. Public Health Service (PHS) Regulation on the [Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought](#) York University requires that all Investigators promptly and fully disclose, in writing, any significant financial interest (SFI) (including those of a spouse/partner or dependent child) that reasonably appears to be related to the Investigator’s Institutional Responsibilities. This applies to all Investigators, regardless of title or position, who are responsible for the design, conduct, or reporting of PHS funded research, or proposed for such funding. To assist in the completion of this form, please refer to the Implementation of the [Public Health Service \(PHS\) New Financial Conflict of Interest Regulations](#) at York University.

Upon completion, return this form to David Phipps (dphipps@yorku.ca) who will forward to the **Designated Institutional Official (DIO)**: Rhonda Lenton, President, York University

Reason for Disclosure (please select one):

- Initial Disclosure
 Annual Disclosure (provide date of last disclosure: _____)
 Update/New Reportable Interest
- At Request of the University

Last Name:	First Name:
Faculty:	Department:
Email:	Phone:
Title of Proposal:	
Name of Funder:	
Proposal/Project #:	
Name of PI (if you are not the PI):	
Name of Grantee Institution (if other than York):	

**1. Publicly Traded Entity
 Income and Equity Interests**

Have you, your spouse/partner, and/or dependent children received income/salary or payment for services (e.g., consulting fees, honoraria, paid authorship) in the past 12 months and/or own equity interest (includes any stock, stock option, or other ownership interest) in any publicly traded entity related to your institutional responsibilities exceeding \$5,000 when **aggregated**? This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions. (Attach additional sheets as necessary)

- Yes
 No

If **Yes**, please indicate who holds the SFI, the name of the entity, the annual \$ amount, and the nature of the SFI (e.g., salary earned from...):

2. Non-Publicly Traded Entity

Income

Have you, your spouse/partner, and/or dependent children received income or other payment for services (e.g., consulting fees, honoraria, paid authorship), in the past 12 months, exceeding \$5,000, when **aggregated**, from any non-publicly traded entity? This does not include payments from York, or income from seminars, lectures, or teaching engagements sponsored by a federal, state, or local government agency, a US institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical centre. (Attach additional sheets as necessary)

Yes No

If **Yes**, please indicate who holds the SFI, the name of the entity, the annual \$ amount, and the nature of the SFI (e.g., salary earned from...):

Equity Interests

Do you, your spouse/partner, and/or dependent children currently own, or have acquired in the past 12 months, **any** equity interest (includes any stock, stock option, or other ownership interest) in any non-publicly traded entity related to your institutional responsibilities? (Attach additional sheets as necessary)

Yes No

If **Yes**, please indicate who holds the SFI and note the exact amount with explanation of source(s):

3. Intellectual Property Rights and Interests

Have you, your spouse/partner, and/or dependent children received any payments, in the past 12 months, for any intellectual property rights and interests (e.g. patents, copyrights, assigned or licensed to a party other than York) related to your institutional responsibilities? (Attach additional sheets as necessary)

Yes No

If **Yes**, please indicate who holds the SFI and note the exact amount with explanation of source(s):

4. Travel Reimbursement/Sponsorship

Have you received **any** travel reimbursement or been sponsored for travel (i.e. travel expenses paid on behalf of Investigator and not reimbursed to Investigator), in the past 12 months, by any entity related to your institutional responsibilities? This does not include travel sponsored or reimbursed by a federal, state, or local government agency, a US institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.

Yes No

If **Yes**, note the following: (Attach additional sheets as necessary)

The purpose of the trip:
The identity of the sponsor/organizer:
The destination of the travel:
The duration of the travel (dates):
The monetary value of the travel:

5. Acknowledgment and Certification

I certify that I have read and understand the Financial Conflict of Interest (FCOI) requirements under the US Public Health Service (PHS), National Institutes of Health (NIH) *Regulation on the Responsibility of Applicants for Promoting Objectivity in Research* and that this is a complete disclosure of all my, my spouse/partner, and/or dependent children’s significant financial interests (SFIs) related to my institutional responsibilities. I have used all reasonable diligence in preparing this SFI Disclosure, and to the best of my knowledge it is true and complete.

I understand that completing and signing this Declaration does not exempt me from any other requirements determined by the PHS, NIH, or from any other University policies and procedures, as appropriate. I also acknowledge by signing my name below that it is my responsibility to file an updated Disclosure annually and within 30 days of discovering or acquiring a new SFI.

Signature of Investigator: _____ Date: _____