

## MICHIGAN STATE UNIVERSITY

**Conflict of Interest Disclosure (COI) – Form for non-MSU Employees and MSU Students**

**Note: This form is for use by any person required to make a disclosure who does not have a MSU net ID (e.g. subrecipient investigator, student working on a research project, unpaid Community Clinical Faculty, etc.).**

Submit this form electronically to [fcioi@msu.edu](mailto:fcioi@msu.edu) or to 4000 Collins Road, Room 109, Lansing, Michigan 48910-5883 . Phone: 517-884-7000 Fax: 517-432-4503. For more information, see [coi.msu.edu](http://coi.msu.edu).

**PROJECT IDENTIFICATION:**

Project Title:

Sponsor (if any):

OSP APP Number/ IRB Number/Award Number/other identifier:

**NAME AND CONTACT INFORMATION FOR INVESTIGATOR COMPLETING THIS FORM:**

Name:

Address:

E-mail:

Phone:

Investigator's Institution or Company (if MSU student, note "student"):

What will be your role and responsibilities with this project? Please be specific:

**DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS**

**Do you, your spouse, domestic partner, dependent children and/or other dependents residing with you have a **Significant Financial Interest** related to your responsibilities on the project disclosed above?**

Significant Financial Interests include:

- Income or receipt of payments of any kind exceeding \$5,000;
- Ownership interests in a single outside entity of greater than 1% or of an amount exceeding \$5,000;
- Serving as a trustee for a trust or estate, or having a beneficial interest in a trust or estate whose value exceeds \$5,000;
- Indebtedness to or from a business or company in an amount exceeding \$5,000;
- Intellectual property rights with an established fair market value exceeding \$5,000 or which generate income of any value;
- Unvalued stock options or other options for ownership in a privately held company of any value;
- Service on a governing or advisory board, or in a fiduciary or managerial role, for, or as a general partner of, an entity with or without pay;
- Receipt of gifts or other benefits (e.g. travel or personal amenities) valued at \$250 or more not paid or reimbursed through MSU;
- Other opportunity for tangible, personal benefit; and
- Reimbursed or sponsored travel (PHS Investigators only).

*Note: You are not required to disclose travel that is reimbursed or sponsored by: U.S. government agencies; U.S. institutions of higher education; U.S. teaching hospitals or medical centers; or U.S. research institutes affiliated with a U.S. institution of higher education.*

**Please check either NO or YES:**

No, I have NO Significant Financial Interests to disclose. Sign at the bottom of this form to certify your disclosure.

Yes, I have SFIs to disclose. Use Entity Disclosure form(s) to disclose entity(ies) in which you have a related

Significant Financial Interest or sponsored/reimbursed travel. Sign at the bottom of this form to certify your disclosure.

I have (insert number) \_\_\_\_\_ entities that I am disclosing with this certification.

**PERSONAL CERTIFICATION:**

**I understand that it is my responsibility to send an updated COI disclosure form to [fcioi@msu.edu](mailto:fcioi@msu.edu) within thirty days of acquiring any new significant financial interest related to my responsibilities on the project disclosed above or having the details/relationships with disclosed entities change. I certify that this report of my current personal SFIs is complete and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_ Date:

Please print form and sign. Send paper, scanned or faxed document as directed at top of form.