

Appendix A: Disclosure of Significant Financial Interests of Subrecipients and Collaborators

Investigators are required to complete training prior to engaging in research. BCM OOR requires the training of all investigators prior to funding the proposal associated with this disclosure. Complete training in the Collaborative Institutional Training Initiative (CITI) program (for instructions, see BCM [FRCOI training](#)), and review the [Financial Interests in Research Manual](#).

Significant Financial Interests

Significant Financial Interests (SFI) means anything of monetary value, including but not limited to:

- Payments and/or equity interests with a minimum threshold of \$5,000
- Includes any equity interest in non-publicly traded entities

EXCLUSIONS:

1. Salary, royalties, or other remuneration from BCM.
2. Income from seminars, lectures, or teaching, and service on advisory or review panels for government agencies, Institutions of higher education, academic teaching hospitals, medical centers, or research institutes affiliated with an Institution of higher education.
3. Income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles.

For a complete definition of Significant Financial Interests, please access the [Financial Interests in Research Manual](#).

Financial Interests Disclosure

What role(s) will you have in this research? (Check all that apply)

Design the research project

Recruit the patients/study participants

Perform the informed consent process

Conduct the research

Manage or analyze the data

Report the research

Consulting

Other role (describe) _____

Please list any active, financial relationships where you receive greater than or equal to \$5k per year, and/or any financial relationships of equity in a non-publicly traded company: *(Please send any active contracts to research.coi@bcm.edu)*

For *each* financial relationship listed above, please provide the maximum, total compensation amount that could be earned within a year:

For each financial relationship, could you provide a brief description of your scope of work:

Would any of the financial relationships that have Significant Financial Interests (SFIs) reasonably appear to be affected by the research for which funding is sought? And/or is the Significant Financial Interest associated with an entity or business that would reasonably appear to be affected by the research?

Yes No

If yes, could you please describe how the SFI(s) will affect the research or be affected by the research:

Reimbursed or Sponsored Travel

Did you travel this year in the previous 12 months with expenses reimbursed or sponsored (i.e., paid on your behalf) by any business, organization, or entity, related to your institutional responsibilities?

INCLUDING BUT NOT LIMITED TO: In addition to Industry, nonprofit organizations, foundations, and professional associations, for example.

EXCEPTIONS: This does not include 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:

Yes No

If yes, would any of the financial travel reimbursement or sponsorship reasonably appear to be affected by the research for which funding is sought; and/or provided by entities whose financial interests would reasonably appear to be affected by the research?

Yes No

Please provide an explanation of the relationship between the business/entity/organization and the research for which this funding is sought.

Investigator Certification

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded because of this application. Furthermore, I certify that I agree to abide by the Regulations set forth in 42CFR50 Subpart F, 45CFR Part 94, 21 CFR Part 54, National Science Foundation (NSF) Regulations at Federal Register, and the Accreditation Standards of the Association for the Accreditation of Human Research Protection Programs (AAHRPP) as applicable; and to update this disclosure on an annual basis, at the submission of a protocol and/or proposal, and as new reportable significant financial interests are obtained. I agree to maintain FRCOI training prior to engaging in research.

Subrecipient/Collaborator (Print Name): _____

Subrecipient/Collaborator Signature: _____

Date _____