**PHS Financial Conflict of Interests (FCOI) Disclosure Form (C)**

**Sub-recipient Report of Financial Interests in Research**

All PHS-funded sub-recipient ***Investigators*** are required to fill and sign this form.

When to disclose?

* Before the proposal is submitted.
* At the time of the annual report.
* Within 30 days of learning of a new FCOI related to the grant.

Please send this signed form to Mr. Eyal Schachter ([eyalscha@tauex.tau.ac.il](mailto:eyalscha@tauex.tau.ac.il)). If ANY of the SFIs are checked, please provide a detailed explanation (space is provided at the end). A member of the COIC might contact you for additional information, if necessary.

Grant Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub-recipient Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant/Proposal Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAU PD/PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub-recipient Investigator's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role in the Study: \_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Significant Interest Disclosure**

Please check all ***financial interests*** **related to the above mentioned PHS-funded research project** that apply to you/your ***family***.

* Payments of $5,000 or more including salary, consulting fees, royalty or licensing payments from intellectual property, and/or gifts received within the past 12 months or anticipated over the next 12 months (excluding salary, grant support and other payments for services from TAU or your home institution);
* Equity or ownership interest (including stock options) valued at $5,000 or more as determined by reference to its publicly listed price (excluding mutual funds);
* Any equity or ownership interest, if the value cannot be determined by reference to its publicly listed prices (for instance: privately held companies, start-up companies);
* A position as director, officer, partner, trustee, employee, or any other position of management within the past 12 months;
* Payments of $5,000 or more for patent rights, or royalties from such intellectual property rights, whose value may be affected by the outcome of the research;
* Any combination of remuneration, fees, or royalties which exceeds $5,000 when aggregated, received within the past 12 months or anticipated for the next 12 months, from an entity whose products or services are used or studied in the research or who are developing products or services that the research is intended to study or evaluate;
* Any compensation whose value could be affected by the outcome of the research.
* Any reimbursed or sponsored travel, not including travel that is reimbursed or sponsored by A) a federal, state, or local government agency; B) an institution of higher education; C) an academic teaching hospital; D) a medical center; E) a research institute affiliated with an institution of higher education.
* None of the above.

**For the checked SFIs , please provide here your explanation with regard to the related PHS-funded research mentioned above:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investigator's Declaration**

By signing below I certify that:

1. All SFIs meeting the criteria above have been disclosed.
2. If I am a PI on this research, I have obtained and submitted disclosures for all members of the research team meeting the definition of "investigator" as defined in TAU's FCOI Policy.
3. I am aware and understand that I have an ongoing responsibility to update my report immediately upon any change in outside financial activities that are related to this research project. Additionally, if I am PI for this research project, I understand that it is my responsibility to ensure that the other members of the research team update their disclosures on an ongoing basis as their circumstances change.
4. I have read ***FCOI Policy***.
5. I have completed the NIH Office of Extramural Research FCOI tutorial available at: http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm

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Investigator's Signature Date