

UNIVERSITY OF TORONTO, RESEARCH AND INNOVATION

FINANCIAL INTERESTS REPORT

Submitted pursuant to the U.S. Public Health Service (including National Institutes of Health)
Regulations respecting
Financial Conflicts of Interest (FCOIs)

If you receive funding from the PHS (or its awarding components), or participate in PHS-funded research, you must disclose all your financial interests (and those of your spouse, common law partner or dependent children) on a single Financial Interests Report form.

If you are not sure whether a particular financial interest meets the criteria set out in this form and should be disclosed, disclose it. (The University's Institutional Delegate will assess whether it meets the criteria.)

Name: _____

Email Address: _____

Department: _____

Faculty: _____

Academic Administrator: _____
(e.g. Dean, Chair)

Do you currently have an FCOI management plan in place? Yes No

You must complete this form in full and disclose or update all financial interests, even if you have an FCOI management plan in place.

- This report is: an initial report (prior to the application for funding, or at the time of joining an ongoing project)
- a report of a new financial interest
- an annual update (for the year _____) regarding previously disclosed financial interests

I. Declarations regarding Initial or New Financial Interests

Note: "Professional Responsibilities" means your professional responsibilities on behalf of the University, which may include, for example, activities such as research, research consultation, teaching, professional practice, administrative activities and institutional committee memberships.

<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>1. Income and other Payments: Have you or your spouse, common law partner or dependent children (your “Family”) received from any entity in the past 12 months any payments described in a) or b) below that would reasonably appear to be related to your professional responsibilities?</p> <p>a) Salary or other payments for services (e.g. consulting fees, director fees, honoraria, or paid authorships for other than scholarly works) where:</p> <ul style="list-style-type: none"> i. if the entity is non-publicly traded: the total value is greater than \$US5,000, or ii. if the entity is publicly traded: when added to any equity interest (see #2 below), the total value is greater than \$US5,000; or <p>b) Royalties or other payments respecting intellectual property (e.g. patents, trademarks or copyrights) of any value.</p> <p><i>Exemption:</i> Do not include:</p> <ul style="list-style-type: none"> ▪ salary, royalties or other remuneration received from the University of Toronto, if you are an employee or appointee of the University ▪ income from the authorship of academic or scholarly works ▪ income from seminars, lectures or teaching engagements sponsored by (or from service on advisory committees or review panels for) a federal, state, provincial, or local government agency, an institution of higher education, an academic teaching hospital, a medical centre, or a research institute that is affiliated with an institution of higher education ▪ income from investment vehicles, such as mutual funds and retirement accounts, so long as you or your Family do not directly control the investment decisions made in these vehicles
<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>2. Equity Interests: Do you or a member of your Family own stock, stock options or other ownership interests where such interests would reasonably appear to be related to your professional responsibilities and whose value is as set out in i) or ii) below?</p> <ul style="list-style-type: none"> i. If the entity is non-publicly traded: regardless of monetary value or whether or not you believe the interest has any monetary value, or ii. If the entity is publicly traded: when added to any income or other payments (see # 1a) above), the total value is greater than \$US5,000. <p><i>Exemption:</i> Do not include equity interests in investment vehicles, such as mutual funds and retirement accounts, so long as you or your Family do not directly control the investment decisions made in these vehicles.</p>
<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>3. Sponsored Travel: Has any entity reimbursed you for travel expenses or sponsored travel for you where the travel would reasonably appear to be related to your professional responsibilities?</p> <p><i>Exemption:</i> Do not include travel that is sponsored or reimbursed by a federal, state, provincial, or local government agency, an institution of higher education, an academic teaching hospital, a medical centre, or a research institute that is affiliated with an institution of higher education.</p>

If you answered No to all of the Declarations above, go directly to the Investigator Certification in Part III below (unless you are providing an Annual Update in Part II).

If you answered Yes to any of the Declarations above, complete the Details of Significant Financial Interests (including Sponsored Travel) section and the Research Project Information section below.

Details of Significant Financial Interests (including Sponsored Travel):

This section must be filled out separately for each financial interest that you disclosed above ("Significant Financial Interest"). If you have more than one Significant Financial Interest, attach additional pages.

The Significant Financial Interest is held by:

You Family member: Name: _____
Relationship: _____

Name of entity: _____

Type of entity: publicly traded non-publicly traded

Address of entity: _____

Where applicable, you must make reasonable efforts to obtain from the entity any required consent for disclosure of personal or confidential information and submit the consent with this form.

Nature of your (or the Family member's) relationship with/interest in the entity (check all that apply):

- Consultant
- Speaker
- Employee or Appointee
- Advisory Board or Committee
- Governing Board or Officer
- Intellectual Property Rights
- Royalty Income
- Equity Holdings
- Sponsored travel
- Other (describe below)

Provide a detailed description of each item that you checked above, including information about the entity:

Value of payment(s): \$ _____

Value of equity interest(s): \$ _____

(For stock in non-publicly traded entities, use the most recent sales price recognized by the entity.)

For sponsored travel, provide the following information:

Value: \$ _____

Destination: _____

Purpose of the trip: _____

Duration of the trip: _____

Research Project Information:

List all PHS-funded research projects you are participating in. If required attach additional page(s). You must attach a copy of the Statement of Work Which clearly details your specific role in the project(s) as it relates to the project objectives. During the review, we may need to ask you for additional details, including the project proposal.

1. Awarding Agency: _____

Title of Grant: _____

(and Project Number, if known)

Principal Investigator: _____

2. Awarding Agency: _____

Title of Grant: _____

(and Project Number, if known)

Principal Investigator: _____

Comments or Explanatory Information: (Attach additional page(s) if required.)

II. Annual Update Regarding Previously Disclosed Financial Interests:

For all financial interests previously disclosed by you in a previous Financial Interests Report, provide in the space below any updated information (e.g., the updated value of a previously disclosed equity interest), any new information, or any information that was not disclosed previously. Be sure to specify which financial interest(s) you are updating. (Attach additional page(s) if required.)

If you have no updated, new or additional information, check this box:

Investigator Certification: (Must be completed by the Investigator)

- Training:** I have read the University's current [Investigator Procedures for Compliance](#) with the U.S. PHS FCOI Regulations within the past 4 years and understand them, and I have consulted them as necessary to complete this report. I have also completed the NIH on-line tutorial within the past 4 years, as required by the Procedures.
- Reporting:** I have completed this Report to the best of my knowledge and belief. I understand that completing and signing this Report does not exempt me from any other requirements determined by the PHS, or from any other University policies and procedures, as applicable, and that failure to reveal financial interests may constitute research misconduct under the University's [Policy on Ethical Conduct of Research](#) and may result in suspension of PHS funds or other consequences. If I (or my Family) acquire new financial interests or my financial interests (or those of my Family) change such that the information provided in this report is no longer accurate or complete, I will submit a new report within 30 days.
- Additional page(s) attached

Signature

Date

Privacy:

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of fulfilling contractual obligations in U.S. Public Health Services ("PHS) research grants, which require the University to collect this information and use it to monitor investigator compliance with the US Regulations regarding financial conflicts of interest. The Regulations also require the University to allow the PHS (and, under specified circumstances, members of the public) access to the information and to report the information to the PHS when a financial conflict of interest is found. The PHS is required by the Regulations to maintain the confidentiality of the information to the extent permitted by applicable U.S. law. While with the University of Toronto, your information will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If it is provided to or accessed by the PHS, it will be subject to applicable US law. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information and Protection of Privacy Coordinator at McMurrich Building, room 104, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

The following section is for the use of the Institutional Delegate Only

III. Institutional Delegate Certification:

(To be completed only when a Significant Financial Interest has been disclosed)

I _____ have reviewed this Financial Interests Report and have determined that the Significant Financial Interests reported:

Do NOT represent a financial conflict of interest as they relate to the listed PHS-funded research.

OR

Do represent a financial conflict of interest as they relate to the listed PHS-funded research.

Signature of Institutional Delegate

Date