

MORAVIAN COLLEGE  
PHS/NIH FINANCIAL CONFLICT OF INTEREST DISCLOSURE FORM

**Project Information**

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Lead PI: \_\_\_\_\_ Lead PI Organization (if not Moravian): \_\_\_\_\_  
Role on Project: \_\_\_\_\_ Funding Agency: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Project Dates: \_\_\_\_\_ to \_\_\_\_\_  
Are subrecipients involved in the project? Yes No  
If yes, name(s) of subrecipient organization(s): \_\_\_\_\_

**Type of Proposal/Disclosure**

New Proposal	Update Disclosing New Significant Financial Interest
New Investigator Added to Project	Required Annual Update

1. Do you or any member of your immediate family (spouse, registered domestic partner, and/or dependent children) have any Significant Financial Interests (SFI) in a **Publicly-Traded Entity** that might reasonably appear to be related to your Institutional Responsibilities? *An SFI for publicly-traded entities exists if the aggregate value of any salary, other payment for services, and equity interest as of the date of disclosure in the past 12 months exceeds \$5,000.*  
Yes No
2. Do you or any member of your immediate family (spouse, registered domestic partner, and/or dependent children) have any Significant Financial Interests (SFI) in a **Privately-Held Entity** that might reasonably appear to be related to your Institutional Responsibilities? *An SFI for privately-held entities exists if the aggregate value of any salary and other payment for services in the past 12 months exceeds \$5,000 or when the Investigator or immediate family holds any equity interest.*  
Yes No
3. Have you or any member of your immediate family (spouse, registered domestic partner, and/or dependent children) received **any income** related to **intellectual property** rights and interests that might reasonably appear to be related to your Institutional Responsibilities? (Do not include any intellectual property that has been assigned to Moravian.)  
Yes No

If you answered Yes to any of the above three questions, provide the following information in a sealed envelope marked **CONFIDENTIAL**: the name of the entity, the nature of the interest, its value, and any documentation.

4. In the past 12 months, have you undertaken any **travel** related to your Institutional Responsibilities that was either reimbursed or paid for by an individual or entity other than a Federal, state, or local government agency, an Institution of Higher Education as defined at 20 U.S.C. 1001 (a), an academic teaching hospital, a medical center, or a research institute affiliated with an Institution of Higher Education?  
Yes No

If you answered Yes to question 4, provide the following information in a sealed envelope marked **CONFIDENTIAL**: the purpose of the trip, the name of the sponsor/organizer, and the destination, duration, and approximate monetary value.

**Acknowledgement and Certification**

I **acknowledge** that by signing my name below, it is my responsibility to disclose, *within 30 days*, any new significant financial interests obtained during the term of the above proposed project. I **certify** that I have read Moravian's PHS/NIH Financial Conflict of Interest Policy and agree to abide by its provisions. Furthermore, I **certify** that this disclosure of significant financial interests is complete and accurate to the best of my knowledge.

Investigator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Investigator Signature: \_\_\_\_\_