

IDAHO VETERANS RESEARCH AND EDUCATION FOUNDATION

**Investigator's Statement of Significant Financial Interest Related to Sponsored Projects  
Basic Form**

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Under the Financial Conflict of Interested Policy (FCOI) of the Idaho Veterans Research and Education Foundation (IVREF) Policy, the Principal Investigator, all other Investigators, Senior or Key Personnel who share responsibility for the design conduct, or reporting of research must disclose their personal financial interests in any organization(s) that might benefit from the predictable results of the proposed research on an annual basis.

Sponsor: (please check one box below)

Other \_\_\_\_\_

- Public Health Service/NIH
- Subaward from PHS/NIH
- Other Federal Entity
- Private/Pharmaceutical

Reason for Disclosure:    New Proposal    Additional Support    New Investigator    New Interest Obtained

Title of Proposal: \_\_\_\_\_

Proposal or Award No.: \_\_\_\_\_    IRB/ARC No.: \_\_\_\_\_ (if applicable)

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## Disclosure and Certification

By signature below, each individual certifies that either no Significant Financial Interest exists or that a complete listing of all financial interests either in the research sponsor or otherwise related to the project is provided on a FCOI Supplement form. All individuals named below further acknowledge their responsibility to disclose any new Significant Financial Interest obtained during the term of the award.

Are there other investigators who share responsibility for the design, conduct, or reporting of the research?. If YES, those investigators also need to sign and complete the section below.

- YES  
 NO

The Principal Investigator's signature certifies that all individuals requiring disclosures have been listed in the table below.

**Significant Financial Interest(s):** Significant Financial Interests include but are not limited to:

- a) *Income* including salary, consulting payments, honoraria, reimbursement of travel expenses, royalty payments, dividends, loans from an entity, or any other payments or consideration with value, including payments made to a health sciences compensation plan, during the prior twelve months or anticipated in the next twelve months, **of \$5,000 or more** (Excludes travel paid by a government agency, institution of higher education, academic teaching hospital, medical center, or research institute affiliated with an institution of higher education);
- b) *Equity* in the form of stock, stock options, warrants, real estate, loans to or from an entity, or any other investment or ownership interest exceeding **\$5,000** (current market value if publicly traded; otherwise, amount of investment) for any one enterprise;
- c) *A management position*, whether paid or unpaid, such as board member, director, officer, partner, or trustee;
- d) *Ownership or other interest* in an entity that is proposed as a subcontractor, consortium member, lessor or otherwise involved in the project;
- e) *Intellectual property interest* on a patent, patent application, or copyright assigned or licensed to a party other than the VA.

Reporting is for the individual, his/her spouse or registered domestic partner, and dependent children. Specifically excluded from the definition of Significant Financial Interests are payments made by the VA or any other remuneration from IVREF including salary, stipends and consulting fees.

## Signature Page

Do you, your spouse or registered domestic partner, or dependent children have a **Significant Financial Interest** related to the work to be conducted under the proposed project? *(See page 2 for definitions of Significant Financial Interests)*

1. \_\_\_\_\_  NO  YES, Supplement Form attached  
 Signature (Principal Investigator) Date

\_\_\_\_\_  
 Print or Type Name of Principal Investigator

2. \_\_\_\_\_  NO  YES Supplement Form attached  
 Signature Date

\_\_\_\_\_  
 Print or Type Name of Other Investigator/Key Personnel

3. \_\_\_\_\_  NO  YES, Supplement Form attached  
 Signature Date

\_\_\_\_\_  
 Print or Type Name of Other Investigator/Key Personnel

4. \_\_\_\_\_  NO  YES, Supplement Form attached  
 Signature Date

\_\_\_\_\_  
 Print or Type Name of Other Investigator/Key Personnel

5. \_\_\_\_\_  NO  YES, Supplement Form attached  
 Signature Date

\_\_\_\_\_  
 Print or Type Name of Other Investigator/Key Personnel