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**Financial Conflict of Interest (FCOI) Disclosure Form**

Investigator Name: Date:

Research Sponsor:

Sponsor’s Grant/Contract no. (if known): BYU Acct no.(if known):

Name of Entity with which the investigator has a FCOI (use additional pages as necessary):

* Nature of FCOI

Equity Position:

Consultant:

Travel Reimbursement:

Honoraria:

Other (describe):

* Value of the Financial Interest

$0 - $4,999: $ $5,000 - $9,999: $

$10,000 - $19,999: $ Between $20,000 - $100,000: $

Round to increments of $20,000

Above $100,000: $ A value cannot be readily determined:

Round to increments of $50,000

Describe whether, and/or how the FCOI was managed, reduced or eliminated:

Signature of Investigator:

Is the FCOI related to the research? (Y/N) Date

Does a Significant Financial Conflict of Interest exist? (Y/N)

Signature of Chair:

I have reviewed the Financial Conflict of Interest with the investigator and concur with the information presented. Date

Signature of Dean/Associate Dean:

I have reviewed the Financial Conflict of Interest above and concur with the information presented. Date

Signature of the RAO Director:

Is a Management Plan required?

Is an FCOI Report required for the Sponsor?

Date report sent to Sponsor:

Follow-up required with Sponsor: