

**University of Rochester**  
**Annual Summary of Faculty Conflict of Interest Reports**

School or Division of the University: \_\_\_\_\_

Reporting Period: January 1, 2010 – December 31, 2010

**Due: April 1, 2011 (Parts I and II)    June 1, 2011 (Appendix)**

Instructions: Both parts of this form are to be completed annually by each Dean or Director, and submitted to Gunta Lidars, Associate Vice President for Research Administration at RC Box 270140. Parts I and II are due no later than April 1 for the previous calendar year. Part I may be delegated to Department Chairs to complete for their particular departments. If it is delegated, the Dean or Director should complete and submit Part II of this form, as well as submit each of the completed Part I summary forms from the departments to Ms. Lidars. The Dean or Director should also complete and submit the Appendix, which is due no later than June 1.

**Part I**

1. I have informed all individuals in my school, unit or department who are included in the definition below that they must complete the University of Rochester Conflict of Interest Reporting Form for the period of January through December, 2010, and submit it to me no later than March 1.

Individuals who must complete the reporting form include:

- All University of Rochester faculty members with academic, clinical or research appointments;
- All University students, post-doctoral fellows, residents and scientists who are principal investigators or co-investigators, or are responsible for the administration, design, conduct or reporting of University research; and
- Any clinical study coordinator or other employee actively involved in negotiation of sponsored research at the University who has a financial relationship with a study sponsor.

2. Number of faculty members in my school/division/department who have not yet completed and submitted the form to me: \_\_\_\_\_
3. I have a plan in place to promptly obtain all reporting forms not yet submitted and will update and submit this summary form when all forms have been received.
4. I have reviewed all of the reporting forms submitted to me to determine if any answers indicate a potential conflict of interest.
5. If completed by the Department Chair: I have forwarded all forms that show a potential conflict of interest to the Dean of my School/College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Part II**

1. If I have delegated the completion of Part I of this form to Department Chairs, I have received and attached a completed Part I for each of my School's Departments.
2. As the Dean or Director, I will promptly take action to manage or eliminate all actual or potential conflicts of interest identified on the reporting forms, including completion of management plans for each. I will send all completed and signed management plans to the Provost.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

