

**Request for Information regarding Financial Conflict of Interest related to
Government-Funded Research**

The University of Rochester is committed to overseeing the conduct of research in a manner that ensures the integrity of the research process and maintains the public trust and that of sponsors in the integrity and credibility of its faculty, its staff, and its research programs. The University of Rochester's Faculty Policy on Conflict of Interest and Commitment describes the University's commitment and procedures related to the identification and management of real or apparent conflicts of interest (COI) that arise from the intersection of personal financial interests and research activities. The policy can be found on the [ORPA website](#).

To comply with the Public Health Service (PHS)¹ regulations on Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought [(42 CFR, Part 50, Subpart F) and Responsible Prospective Contractors (45 CFR Part 94)], the University of Rochester will make available within 5 business days upon receipt of a request as described below, information concerning Significant Financial Interests (SFI) disclosed to the University that meet the following criteria:

- The individual for whom information is sought is identified by the University as a senior/key personnel on a PHS grant or cooperative agreement for which a notice of award was issued on or after August 24, 2012;
- The SFI is still held by the senior/key personnel for the PHS-funded research project;
- The University has determined that the SFI is related to the PHS-funded research; and
- The University has determined that the SFI is a Financial Conflict of Interest.

Instructions:

1. Complete this form for each SFI for which you are seeking information. Incomplete forms will not be considered and will not be responded to.
2. Print, sign and attach a scanned copy to an e-mail. The title of the e-mail should be: "Public request for information regarding conflict of interest". Send the e-mail and the attached completed form to coi@rochester.edu.
3. Alternatively you can print the completed form, sign and send it by regular mail to:

¹ PHS includes the Administration for Children and Families, Administration on Aging, Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Federal Occupational Health, Food and Drug Administration, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, and Substance Abuse and Mental Health Services Administration.

Associate VP for Research Administration
Office of Research and Projects Administration
River Campus PO Box 270140
University of Rochester
Rochester, NY 14627

4. The University will respond via e-mail to the e-mail address provided in the form, unless a paper response is specified.

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1. Information about you:

Name (first, last):

Company (if applicable):

Email Address:

Street Address:

City, State, Zip Code:

10 digit Phone Number:

2. Information about your request:

PHS award number (if known):

Name of the Investigator (first, last):

Reason for requesting this information:

Your Signature: _____

Date: _____

Please complete, sign, scan and e-mail this form to coi@rochester.edu or mail it to Associate VP for Research Administration, ORPA, River Campus Box 270140, University of Rochester, Rochester, NY 14627. Information on NIH awards can be found at <http://projectreporter.nih.gov/reporter.cfm>