Date of this Disclosure: ____________________ New □ Update □

Investigator □ collaborator □ or consultant □ at University of Puerto Rico ____________ Campus.

First Name | Middle Initial | Last Name
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Office phone: __________________________ E-mail address: __________________________

If you answer Yes to any of the following questions you may have a significant financial interest in an entity and should file Form B. A significant financial interest means a financial interest consisting of one or more of the following interests of the Investigator (and those of the Investigator's spouse and dependent children) that reasonably appears to be related to the Investigator's institutional responsibilities.

**ANSWER THE FOLLOWING QUESTIONS**

(i) With regard to any publicly traded entity, did you receive any remuneration from the entity in the twelve months preceding this disclosure or have any equity interest in the entity as of the date of disclosure, that when aggregated, exceeds $5,000?

For purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.

(ii) With regard to any non-publicly traded entity, did you receive any remuneration from the entity in the twelve months preceding this disclosure, that when aggregated, exceeds $5,000, or when the Investigator (or the Investigator's spouse or dependent children) holds any equity interest (e.g., stock, stock option, or other ownership interest)?

(iii) Do you receive income from intellectual property rights and interests (e.g., patents, copyrights), not assigned to the UPR?

(iv) Have you had any reimbursed or sponsored travel (i.e., that which is paid on behalf of the Investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available), related to your institutional responsibilities?

Provided, however, that this disclosure requirement does not apply to travel that is reimbursed or sponsored by 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 that is affiliated with an Institution of higher education. The Institution's FCOI policy specifies the details of this disclosure, and the institutional official(s) will determine if further information is needed.
The evaluation of these forms by the Financial Conflict of Interest (FCOI) institutional officer will determine if you have a financial conflict of interest that may bias the result of your scientific research funded by the United States Public Health Service and to establish any pertinent actions to mitigate or eliminate the effect of such conflict in the results of the research.

A financial conflict of interest exists when the institution, through its designated official, reasonably determines that an Investigator’s significant financial interest is related to a PHS funded research project and could directly and significantly affect the design, conduct or reporting of the funded research. Institution means any domestic or foreign, public or private, entity or organization (excluding a Federal agency) that is applying for or that receives a PHS research funding. Investigator means the project director or principal Investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research funded by the PHS, or proposed for such funding, which may include, for example, collaborators or consultants. Entity means any domestic or foreign, public or private, organization (excluding a Federal agency) from which an Investigator (and spouse and dependent children) receives remuneration or in which any person has an ownership or equity interest.

The term significant financial interest does not include the following types of financial interests: salary, royalties, or other remuneration paid by the Institution to the Investigator if the Investigator is currently employed or otherwise appointed by the Institution, including intellectual property rights assigned to the Institution and agreements to share in royalties related to such rights; any ownership interest in the Institution held by the Investigator, if the Institution is a commercial or for-profit organization; income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles; income from seminars, lectures, or teaching engagements sponsored by 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 that is affiliated with an Institution of higher education; or income from service on advisory committees or review panels for 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 that is affiliated with an Institution of higher education.

This disclosure is applicable to each Institution that is applying for, or that receives, PHS research funding by means of a grant or cooperative agreement and each Investigator who is planning to participate in, or is participating in, such research. However, this does not apply to SBIR Program Phase I applications.

I agree to abide by the University of Puerto Rico’s Policy and Guidelines on Financial Conflict of Interest. I certify that the above information is true to the best of my knowledge and that it has been submitted as required by law, regulation, contract, and by 42 CFR Part 50 Subpart F. I understand and agree that if there is any change in my financial status, I must submit a new disclosure and attachment within 30 days of that change.

Print name: ____________________________
Signature: ______________________________  Date: ___________________