

Plymouth State University
Conflict of Interest Disclosure Statement

Name: _____ Department/Unit: _____

Phone: _____ E-mail: _____

An investigator has a **Conflict of Interest** in a research study when s/he or any member of his/her immediate family (spouse/spousal equivalent, parents, and children) has interests in the design, conduct, or reporting of the research that might compromise the integrity of the research. Conflicts of interest can be financial, personal, supervisory, academic, or professional. For further guidance, the University's general Conflict of Interest Policy is set forth in section 2.12 of the PSU Faculty Handbook. The investigator has an ethical responsibility to disclose a potential conflict of interest or a possible appearance of a conflict of interest to the Office of Sponsored Programs, IRB, and to potential research subjects as part of the informed consent process. If an investigator or his/her immediate family member is directly involved in potential subjects' health care, professional or academic supervision/evaluation, precautions must be undertaken to avoid the appearance of coercion or conflict of interest in the recruitment process. Please check all applicable boxes.

1. Neither I nor any member of my immediate family have any **financial conflict of interest** (a) that is related to or would reasonably appear to be affected by the proposed research; or (b) in external entities whose financial interests would reasonably appear to be affected by such activities.
2. I am disclosing the following **financial conflict(s) of interest**:
- Salary, consulting fees, or other payments for services
 - Equity or ownership (stock, stock options, partnership interests or other ownership)
 - Intellectual property rights (patents, trademarks, copyrights, licensing rights, etc.)
 - Honoraria, royalties for books, publications or lectures, gifts or other payments
 - Positions in entity related to research (board member, officer, etc.)
 - Other financial interests that could affect or be perceived to affect the results of research or educational activities proposed for funding
3. Neither I nor any member of my immediate family have a **personal/professional dual role conflict of interest** related to this proposed research.
4. I am disclosing the following **personal/professional dual role conflict(s) of interest**:
- Supervisory role as faculty/teacher, direct supervisor/manager,
 - Healthcare provider
 - Family/friend relationships
 - Other

If you have identified any conflict of interest (numbers 2 and/or 4), please provide additional details by attaching an explanation. Describe how the investigator plans to manage, reduce, or eliminate the conflict. Once complete, this should be sent in a sealed envelope to the PSU Office of Sponsored Programs, Attn: COI Disclosure Statement.

I certify, as an investigator of this research, that I am in compliance with and will continue to comply with Plymouth State University's policy and procedures pertaining to financial and/or personal/professional CONFLICT OF INTEREST.

Principal Investigator's Name (Print)

Principal Investigator's Signature

Date