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| **Instructions**  |
| * IMPORTANT: **This form is for any person required to make an annual disclosure for a human research project who are not able to access the OSP/CGA online disclosure portal (i.e. if you are not an MSU employee).** NOTE: Non-MSU personnel can certify that they are in compliance with their institutions active and enforced conflict of interest policy that is consistent with the provisions of 42 CFR 50, Subpart F “Responsibility of Applicants for Promoting Objectivity in Research” and would not need to submit this form. Please discuss with an IRB administrator if you believe this may apply to you.
* CLICK™ IRB
	+ Upload the completed template to the Supporting Documents SmartForm page.
* See HRPP Manual Section 10-1, Conflict of Interest, for more information.
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| **Complete the Disclosure** |
| **Name:**  | **Email:**  |
| **Do you, or a member of your immediate family1, have a significant financial interest2 that relates to any of your institutional responsibilities? For purposes of this annual report, you must disclose for each entity in which you have the following types of interests if they currently exceed the following de minimis amounts combined per entity or exceeded the following de minimis amounts combined per entity sometime throughout the preceding 12 months:** |
| * Income or receipt of payments of any kind exceeding $5,000 over the last calendar year from a single entity
* Ownership interests in a single outside entity of greater than 1% or of an amount exceeding $5,000
* Serving as a trustee for a trust or estate, or having a beneficial interest in a trust or estate whose value exceeds $5,000
* Indebtedness to or from a single entity in an amount exceeding $5,000
* Intellectual property rights with an established fair market value exceeding $5,000 or which generate income of any value from other than MSU (including royalties from other domestic universities)
* Unvalued stock options or other options for ownership in a privately held company of any value
* Paid or unpaid service on a governing or advisory board, or in a fiduciary or managerial role, for, or as a general partner of, an entity
* Receipt of gifts, goods, property, or services, like transportation, resort or hotel accommodations, or other recreational or personal amenities
* Other opportunity for tangible, personal benefit.
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| **1** Immediate family is defined as a spouse or domestic partner, dependent children, and any other dependents who reside with you. This will usually be a smaller group of people than your relatives.**2 The following financial interests are excluded from consideration and do not need to be reported*** MSU salary, remuneration by MSU, or other payments at MSU’s behest (including from an MSU-approved practice plan);
* Income from seminars, lectures, teaching engagements, or service on advisory committees or review panels paid by:
	+ Federal, state, or local U.S. government agencies;
	+ U.S. institutions of higher education;
	+ U.S. academic teaching hospitals and medical centers;
	+ U.S. research institutes affiliated with an institution of higher education;
* Financial interest arising solely by means of investment in a mutual, pension, or other institutional investment fund over whose management and investments neither the individual nor any immediate family member has control;
* Indebtedness from a bank, credit union, or other commercial lender.
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| **Please check either NO or YES:** |
| [ ]  **No, I have NO significant financial interests to disclose.** |
| [ ]  **Yes, I have significant financial interests to disclose. If yes, you will be contacted for the disclosure process.** |
| I understand that it is my responsibility to submit an updated COI disclosure form to the MSU HRPP through a Reportable New Information Submission within thirty days of acquiring any new significant financial interest related to my responsibilities on any human research project or having the details/relationships with disclosed entities change. I certify that this report of my current personal SFIs Is complete and accurate to the best of my knowledge. |
| **Signature:**  | **Date:**  |