

**UNIVERSITY OF NEW ORLEANS
INVESTIGATOR REPORT OF FINANCIAL INTERESTS IN RESEARCH**

This form must be completed by every UNO Investigator, as defined in the UNO Research Conflict of Interest Policy, at the time of proposal submission, or immediately upon assignment to an ongoing Sponsored Research project.

Investigators seeking external research support must disclose all Financial Interests or Outside Activities and reimbursed travel associated with their institutional responsibilities that may appear to affect, or to be affected by, research for which funding is sought. These interests might include, but are not limited to, payments from or ownership interest in:

- Businesses that make or distribute products/services used in the research as well as competitors;
- Businesses developing a product that the research is intended to evaluate or further develop; and/or
- Any party/entity whose financial interests would seem to be directly and significantly affected by the research.

No proposals may be submitted to a funding agency, nor awards issued to UNO, until all Reports of Financial Interests in Sponsored Research associated with the proposal have been submitted to the Office of Research and Sponsored Programs ("ORSP").

This Report must be submitted to ORSP. The Principal Investigator should retain a copy of the Report in his or her records relating to the project.

1. Name: _____
2. Department/Unit: _____
3. Phone Number: _____ E-mail: _____
4. Principal Investigator/Program Director/Responsible Faculty Member:
Name: _____
5. Sponsor: _____
6. Title of Proposal: _____

_____ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT.**
(Please check only if you have no external Financial Interest or Outside Activities, as defined in the Research Conflict of Interest Policy and the PHS Supplemental Policy, related your institutional responsibilities. Proceed to Part II if you have checked this item).

Part I Conflict of Interest Screening Questions

- 1. Do you have a consulting or other financial relationship related to your institutional responsibilities?
 Yes (if so, please list and explain in an *attached statement*)
 No

- 2. Do you or any member of your family have a managerial role or financial interest in any company related to your institutional responsibilities?
 Yes (if so, please list and explain in an *attached statement*)
 No

- 3. Do you have non-UNO professional or income-producing interests involving UNO students, faculty or staff related to your institutional responsibilities?
 Yes (if so, please list and explain in an *attached statement*)
 No

- 4. Do you or any member of your immediate family have any other relationships, commitments, or activities that might present, or appear to present, a conflict of interest with respect to your institutional responsibilities? Such relationships may include financial or fiduciary interests or uncompensated activities. (Please refer to the Research Conflict of Interest Policy).
 Yes (if so, please list and explain in an *attached statement*)
 No

- 5. Do you have reimbursed travel that needs to be reported as described in the PHS Supplemental Policy? (Exceptions: reimbursements from federal, state and local government entities, an institution of higher education, an academic teaching hospital, a medical center, or a research institute affiliated with an institution of higher education)
 Yes (if so, please list and explain in an *attached statement*)
 No

Part II Certification

I certify that:

- 1. I have read and understand the Research Conflict of Interest Policy and the PHS Supplemental policy and understand my obligations to disclose actual or apparent conflicts of interest as defined thereunder.
- 2. All Financial Interests and Outside Activities meeting the criteria set forth in the UNO Research Conflict of Interest Policy have been disclosed.
- 3. If I am the Principal Investigator, I have informed all UNO members of the research team meeting the definition of "Investigator" of their obligation to comply with the UNO Research Conflict of Interest Policy.
- 4. I have taken the ORSP Conflict of Interest training.
- 5. I am aware and understand that I have an ongoing responsibility to update my disclosure immediately upon any change in circumstances that may create an actual or apparent conflict of interest with respect to this Sponsored Research project.
- 6. To the best of my knowledge, I and members of my immediate family are in compliance with state and federal regulations and University Policy concerning disclosure of Outside Activities and Financial Interests.

Investigator Signature

Date