

**RESEARCH FINANCIAL CONFLICT OF INTEREST STATEMENT**  
**Department of Veterans Affairs**

**INSTRUCTIONS:** Complete this Statement to the best of your knowledge. Answering any question in the affirmative does not itself prevent you from conducting VA research or receiving VA funding. You will, however, need to provide additional information so that a determination can be made of how to best manage any conflict of interest that may be found.

**IMPORTANT DEFINITIONS:**

CLOSE RELATIVE – An individual who is related as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister.

DEPENDENT CHILD – A son, daughter, stepson, or stepdaughter and who either is (i) unmarried, under age 21, and living in your house, **or** (ii) considered dependent under the U.S. tax code.

ENTITY - Any person, for-profit or non-profit organization, institution, corporation, partnership, or governmental agency (other than a Federal agency).

OUTSIDE EMPLOYER – An entity with which you serve as officer, director, trustee or employee.

NAME (*Last, First, Middle*) \_\_\_\_\_

DUTY STATION \_\_\_\_\_

TELEPHONE AND FAX NUMBERS \_\_\_\_\_

AREA OF RESEARCH \_\_\_\_\_

ROLE (*check one*)     Principal Investigator     Co-Principal Investigator     Investigator     Study Chair\*     Site PI\*

\* Cooperative Studies Program only

**SECTION I**

<p><b>1. INCOME AND COMPENSATION.</b> Do you, your spouse, dependent child or general partner receive income or other compensation (including non-Federal salary, consulting fees, honoraria, gifts and in-kind compensation) from an entity whose financial interests could be affected by your area of research?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p><b>2. BUSINESS RELATIONSHIPS.</b>  A. <u>Current Relationships:</u> Are you, your spouse, dependent child, general partner or other close relative serving as an officer, director, trustee, partner, or employee (paid or unpaid) with any entity whose financial interest could be affected by your area of research?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

Name \_\_\_\_\_

<p>B. <b>Covered Relationships:</b> Are you, your spouse, parent, dependent child, close relative, household member or general partner working or seeking to work (other than as an employee of the Federal Government) in your same area of research?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>C. <b>Relationships in the Past Year:</b> Have you, within the last year, served as an officer, director, trustee, general partner, agent, attorney, consultant, contractor or employee for any entity whose financial interest could be affected by your area of research?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>D. <b>Business Arrangement or Agreements:</b> Are you negotiating for, or do you have, any business arrangement or agreement, such as a future employment agreement, re-employment rights, consultant agreement, pending severance arrangement or retirement plan, with any entity whose financial interest could be affected by your area of research?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p><b>3. PATENTS, COPYRIGHTS, LICENSES AND ROYALTIES.</b> Are you, your spouse, dependent child, general partner, or outside employer:</p> <ul style="list-style-type: none"> <li>(i) listed as the inventor on a patent application;</li> <li>(ii) the owner of any patent or provisional patent;</li> <li>(iii) the holder of a copyright, or software or other intellectual property license;</li> <li>(iv) entitled to earn royalties now or in the future;</li> <li>(v) the author of training materials that are, or are going to be, commercialized;</li> <li>(vi) otherwise earning compensation from, or have a financial interest in, intellectual property (not covered elsewhere in this form); <u>OR</u></li> <li>(vii) have any other financial relationship not covered elsewhere in this form</li> </ul> <p>that could be affected by your area of research?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p><b>4. NON-PUBLICLY TRADED COMPANIES.</b> Do you, your spouse, dependent child or general partner have any stock, stock options, or other equity interest in a non-publicly traded company that does business in an area related to your research?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p><b>5. SPECIFIC TYPES OF FINANCIAL INTERESTS.</b>  A. <b>Publicly-Traded Companies:</b> Do you, your spouse or dependent child (in the aggregate) own or have an equity interest (stock ownership, stock options, etc.) valued at more than \$15,000 in a publicly-traded company or companies (aggregate value of all stocks in all such companies) that do business in an area related to your research? <i>Note: This does not include stock controlled through a diversified mutual fund or a blind trust.</i></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>B. <b>Sector Mutual Funds:</b> Do you, your spouse or dependent child (in the aggregate) have equity holdings valued at more than \$50,000 in any sector mutual fund (or funds that concentrate in the same sector) whose holdings could be affected by your research? <i>Note: A sector mutual fund concentrates its investments in an industry, business, single country other than the United States, or bonds of a single State within the United States.</i></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

Name \_\_\_\_\_



- If you answered “yes” to any of the statements in Section I, you must fill out Section II.
- If you answered “no” to all statements in Section I, skip Section II, and proceed to Section III.

## **SECTION II: SUPPLEMENTAL INFORMATION**

Please attach additional pages, if you need more space to fully respond.

**1. INCOME AND COMPENSATION.** If you answered yes in paragraph 1 of Section I, explain the source, value and reason for the income or other compensation.

### **2. BUSINESS RELATIONSHIPS**

A. Current or Future Relationships. If you answered yes in paragraph 2.A. of Section I, provide: (i) the name of the entity, (ii) the type of business, and (iii) how the entity could be affected by your area of research.

B. Covered Relationships. If you answered yes in paragraph 2.B. of Section I, identify: (i) the relationship between you and the person seeking to work in the same area of research, (ii) the actions the person is taking to work in the same area of research, and (iii) the capacity in which the person is seeking to work in the same area of research.

Name \_\_\_\_\_

C. Relationships in Past Year. If you answered yes in paragraph 2.C. of Section I, provide: (i) name of the outside business, (ii) the type of business; (iii) your position with the outside business, and (iv) the date your relationship with the business ended.

D. Business Arrangement or Agreements. If you answered yes in paragraph 2.D. of Section I, provide: (i) name of entity with whom you have the agreement or arrangement, (ii) type of business conducted by entity, (iii) brief description of the arrangement or agreement with the entity, and (iv) description of the entity's relation to your area of research.

**3. PATENTS, COPYRIGHTS, LICENSES AND ROYALTIES.** If you answered yes in paragraph 3 in Section I, identify: (i) what you, your spouse, dependent child, general partner or outside employer has, and (ii) how it could be affected by your area of research.

**4. NON-PUBLICLY TRADED COMPANIES.** If you answered yes in paragraph 4 of Section I, provide additional information below.

Name of Company: \_\_\_\_\_

Type of Equity Interest: \_\_\_\_\_

Describe the nature of the company and how it is related to your area of research.

Name \_\_\_\_\_

**5. SPECIFIC TYPES OF FINANCIAL INTERESTS**

A. Publicly Traded Companies. If you answered yes in paragraph 5.A. of Section I, provide additional information below.

Name of Company: \_\_\_\_\_

Type of Equity Interest: \_\_\_\_\_

Value of Equity Interest: \_\_\_\_\_

Describe the company's business and how it is related to your area of research.

B. Sector Mutual Funds. If you answered yes in paragraph 5.B. of Section I, identify the names of the relevant fund(s).

**SECTION III**

**All Investigators must read, initial, and sign the acknowledgement below. Attach a summary describing your area of research and submit completed Statement to the R&D Committee or appropriate sub-committee.**

**Acknowledgement**

**By signing below, I certify that, to the best of my knowledge and belief, all of the information on this Statement is true, correct, and complete as of the date of my signature below.**

\_\_\_\_\_  
*(Initial)* I understand that false or fraudulent information on this Statement may be grounds for not approving the research proposal and may be punishable by fine or imprisonment (U.S. Code, Title 18, section 1001).

\_\_\_\_\_  
*(initial)* I agree to update relevant information, contact my supervisor, and notify the R&D Committee or appropriate sub-committee with respect to any new financial interest(s) that requires me to change an answer on this form.

\_\_\_\_\_  
*(initial)* I understand that in addition to the disclosures required in this Statement, I am subject to the criminal conflict of interest statutes at Title 18 of the United States Code, Chapter 11, and the Executive Branch Standards of Conduct at Title 5 of the Code of Federal Regulations, Part 2635. Violation of these provisions may be sanctioned by civil and criminal penalties, as well as employment-related discipline such as removal or suspension.

Name \_\_\_\_\_

(Signature )

(Date Signed)

### Declaration of No Changes to Financial Interests

This declaration is to be used only if your financial interests have not changed since filing your last Statement. You must declare all of the following statements to be true. If you cannot do so, you must complete a new Statement.

After examining a copy of my last Research Financial Conflict of Interest Statement, I declare the following:

1. I have no new reportable income or compensation;
2. I have no new reportable relationships with any entity whose financial interest could be affected by my area of research;
3. I have no new patents, copyrights, licenses, or royalty payments that are related to my area of research;
4. I have no new reportable financial interests in any publicly or non-publicly traded company that does business in an area related to my research; and
5. I have no new reportable financial interests in any sector mutual fund that concentrates in an area related to my research.

I declare that the above statements are true, complete and correct, to the best of my knowledge.

(Signature)

(Date)

### PRIVACY ACT STATEMENT

Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.), Executive Order 12674, and 5 CFR 2634, Subpart I, of the Office of Government Ethics regulations require the reporting of this information. The primary use of the information on this form is for review by the VHA R&D Committee or appropriate sub-committee, and when necessary the VA Office of General Counsel, to determine compliance with applicable Federal conflict of interest laws and regulations and the impact of any real or perceived financial conflicts of interest on VA research. Additional disclosures of information in this report may be made:

- (1) to other VA research review committees and VA officials responsible for the approval or funding of research protocols;
- (2) if there is an indication of a violation or potential violation of law, whether civil, criminal or regulatory in nature and whether arising by general statute or particular program statute, or by regulation, rule or order issued pursuant thereto, to the appropriate Federal, State or local agency charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute or rule, regulation or order issued pursuant thereto;
- (3) to qualified reviewers for their opinion and evaluation of a proposal as part of the application review management inspections; and
- (4) to the Department of Justice (DOJ) upon official request in order for VA to respond to pleadings, interrogatories, orders or inquiries from DOJ and to supply to DOJ the information to enable DOJ to represent the U.S. Government in any phase of litigation or in any case or controversy involving VA.

Failure to file or report information or the falsification of required information may subject you to disciplinary action by the VA or other appropriate authority. This may include limitation on or revocation of the privilege to conduct VA-approved research. It may also be subject to criminal prosecution.