**Significant Financial Interest (SFI) and Consent Form**

**for Research Funded by the US Public Health Service (PHS) including NIH**

*Complete this form if you are a UoA Principal Investigator (PI) applying for or holding PHS funding or involved as an Investigator on a PHS funded project. Complete this form if you are non‐UoA Investigator and are following UoA’s PHS Financial Conflict of Interest procedure.*

Upon completion, return this form to Research Grants: **researchgrants@adelaide.edu.au**

**Reason for Disclosure**

*Please check only one option.*

[ ] Submitting a Grant Application [ ] Annual Renewal Award Grant [ ] Update/New Reportable Interest (SFI)

[ ] New Investigator - Awarded Grant [ ] Supplemental/Extension/Additional Funding

**Status of the Grant**

*Please check all that apply.*

[ ] Being Submitted [ ] Awarded [ ] UoA is the Administering Institution

[ ] UoA is a Subrecipient

**Part 1: Project Information**

|  |
| --- |
| Title of Project:  |
| Grant ID #: |
| Sponsor: |
| Scheme: |
| Principal Investigator (PI): | Administrating Institution: |
| UoA Principal Investigator (if not the Administering Institution): | Email: |

**Part 2: Investigator Information**

|  |
| --- |
| Your Role on the Study: [ ] UoA PI [ ] UoA Investigator [ ] Non-UoA PI [ ] Non-UoA Investigator |
| Last Name (Print): | First Name: |
| Email: | Phone: |
| Date: | Faculty/School: |

**Part 3: Other Investigator Information (complete only if you are the UoA’s Principal Investigator).**

*Please check only one option.*

[ ] UoA is the administering institution and there are NO investigators other than the PI on this grant application

[ ] UoA is a sub-recipient and there are NO investigators other than the PI on the UoA part of this grant application

[ ] There have been no changes to the List of Investigators previously submitted

[ ] A current List of Investigators is attached (Please complete **UoA Investigator List form**)

**Part 4: Disclosure Information**

# 4.A No Change in Financial Interests

[ ]  I certify that there have been no changes in the significant financial interests of myself, my spouse/partner and/or my dependent children since my previous disclosure, dated (must be within the past 12

months). *If you certified in 4.A that there have been no changes to your current SFI Disclosure, you may skip to 4.4.*

# Publicly Traded Entities: Income and Equity interests

Have you, your spouse/partner and/or dependent children received income or payment for services in the past 12 months or do you own an equity interest in any publicly traded entity which exceed US$5,000 when aggregated, and which would reasonably appear to be related to your institutional responsibilities? This includes salary supplementation paid through UoA as a result of sponsored contracts administered by UoA. This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions.

[ ]  **Yes** [ ]  **No**

If ***Yes****, please provide the following information. Add additional sheets as necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Person holding the SFI** | **Name of entity** | **Total value** | **Description (e.g. salary earned from…)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Non‐Publicly Traded Entities

1. **Income**

Have you, your spouse/partner and/or dependent children received income or other payment for services from any non‐publicly traded entity in the past 12 months, exceeding US$5,000 when aggregated which would reasonably appear to be related to your institutional responsibilities? This includes salary supplementation paid through UoA as a result of sponsored contracts administered by UoA. This does not include income from seminars, lectures, or teaching engagements sponsored by a US federal, state, or local government agency, a US institution of higher education, or an academic teaching hospital, a medical centre, or a research institute that is affiliated with a US institution of higher education.

[ ]  **Yes** [ ]  **No**

*If* ***Yes****, please provide the following information. Add additional sheets as necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Person holding the SFI** | **Name of entity** | **Total value** | **Description (e.g. salary earned from…)** |
|  |  |  |  |
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# Equity

Do you, your spouse/partner and/or dependent children currently own, or have you acquired in the past 12 months, any equity interest in a non‐publicly traded entity which would reasonably appear to be related to your institutional responsibilities? This can include any stock, stock option or other ownership interest.

[ ]  **Yes** [ ]  **No**

*If* ***Yes****, please provide the following information. Add additional sheets as necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Person holding the SFI** | **Name of entity** | **Total value** | **Source of equity interest** |
|  |  |  |  |
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# Intellectual Property Rights and Interests - exceeding US$5,000

Have you, your spouse/partner, and/or dependent children received any payments in the past 12 months, for any intellectual property rights and interests (e.g. patents, copyrights, assigned or licensed to a party other than UoA) which would reasonably appear to be related to your institutional responsibilities?

[ ]  **Yes** [ ]  **No**

*If* ***Yes****, please provide the following information. Add additional sheets as necessary.*

|  |  |  |
| --- | --- | --- |
| **Person holding the SFI** | **Total value** | **Description** |
|  |  |  |
|  |  |  |
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# Travel Reimbursement / Sponsorship

In the last 12 months, has any one entity (for‐profit or non‐profit) reimbursed travel or sponsored travel for you, with a total monetary value of US$5,000 or more, which would reasonably appear to be related to your institutional responsibilities?

*This does NOT include travel sponsored or reimbursed by a US federal, state or local government agency, a US institution of higher education, or an academic teaching hospital, a medical centre, or a research institute that is affiliated with a US institution of higher education.*

As with SFIs under sections 4.1–4.3, changes to this section must be reported within 30 days from the time they arise. Any sponsored or reimbursed travel exceeding an aggregate annual total of US$5,000 from a single entity is subject to the 30 day reporting requirement.

[ ]  **Yes** [ ]  **No**

*If* ***Yes****, please provide the following information. Add additional sheets as necessary.*

Purpose of the trip: Name of sponsor/organizer: Destination: Dates of travel: Estimated value:

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# Affiliations with Foreign Institutions and Governments

In the past 12 months, have you held any positions, affiliations, or appointments with foreign institutions or governments (including volunteer positions) relevant to the project in question (even if labelled as “guest,” “adjunct,” “honorary,” with or without salary support)? Have you ever participated in a foreign government talent recruitment or similar-type program?

*This does NOT include positions, affiliations, or appointments at a US federal, state or local government agency, a US institution of higher education, or an academic teaching hospital, a medical centre, or a research institute that is affiliated with a US institution of higher education.*

[ ]  **Yes** [ ]  **No**

*If* ***Yes****, please provide the following information. Add additional sheets as necessary.*

|  |  |
| --- | --- |
| **Name of entity** | **Description of position/affiliation/appointment/recruitment program** |
|  |  |
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**Part 5: Consent**

I certify that this is a complete disclosure of all my, my spouse’s/partner’s and/or dependent children’s significant financial interests (SFIs) related to my institutional responsibilities, and I have used all reasonable diligence in preparing this SFI Disclosure, and to the best of my knowledge it is true and complete. I also acknowledge that, by signing my name below, it is my responsibility to file an updated disclosure annually while I am participating in PHS funded research and within 30 days of discovering or acquiring a new SFI.

I understand that the personal information on this form is collected under the authority of the Privacy Act 1988 (Cth) (the Act) and will be dealt with in accordance with the Act.

In the event that the University’s Designated Official (DO) for US Financial Conflict of Interest matters determines that any SFI that I have disclosed on this form constitutes a financial conflict of interest (FCOI) in accordance with the PHS Regulations (42 CFR Part 50 and 45 CFR Part 94), I voluntarily authorize the DO to disclose information related to that FCOI to the UoA PI (if applicable), to the administering institution and PI (if applicable), to the UoA administrative units as required by UoA procedure and to the Sponsor for the purposes of grant reporting, as required under the PHS Regulations.

In the event that a member of the public makes a written request for information on the FCOI identified by the DO, I voluntarily authorize UoA to disclose my personal information pertaining to the request to the member of the public making such request, as required by the PHS Regulations. This authorization constitutes consent under Sections 53 and 59 of the Act for UoA University to disclose information on the FCOI when a request is made by a member of the public pursuant to the Act.

I understand that I may withdraw consent at any time by notifying UoA’s Research Office in writing. I understand that the withdrawal of consent may result in the suspension or termination of PHS funding for the related project.

This consent will expire automatically three (3) years from the date of consent.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |
| Full Name: |  |