

**Research Grants Management Office (RGMO)
Faculty of Medicine and Health Sciences (FHMS) Stellenbosch University (SU)**

Appendix 2 - SUB-RECIPIENT (PI, KP, Collaborators, Contractors) FINANCIAL CONFLICT OF INTEREST (FCOI) DISCLOSURE FORM

The United States (US) Public Health Service (PHS) FCOI policy mandates that SU FMHS requires **SUB-RECIPIENTS** of an award disclose information should a FCOI be present. You have been identified as Principal Investigator (PI) or Key Personnel (KP) and you must disclose on this form any significant financial interest (SFI) held by **you** or **members of your immediate family** (Spouse, dependents, all members of your household) that are directly related to the research you are conducting in collaboration with SU FMHS.

***Appendix 2 must be completed for each of the investigators (PI or KP) on this project.
SU FMHS will collect this information prior to issuing a sub-agreement, then annually at the time of renewal.***

DISCLOSURE MUST BE MADE

1. Not later than the time of the application for the funded research
2. Within 30 days of discovery or acquiring (e.g. purchase, marriage, inheritance) of a SFI; and
3. Annually, in accordance with the SU FMHS policy, during the period of award.

SUB-RECIPIENT INSTITUTION NAME

INVESTIGATOR NAME

INVESTIGATOR EMAIL ADDRESS

COUNTRY CODE AND PHONE NUMBER

FINANCIAL CONTACT INFORMATION IF DIFFERENT FROM THE INVESTIGATOR

My institution has a PHS-compliant FCOI policy and the institution will rely on our policy and associated procedures to comply with the PHS FCOI regulation

YES

NO

If **NO, I agree to rely on SU FMHS FCOI policy and procedures to comply with the PHS FCOI regulation and will disclose the information on page 2 and 3**

YES

FINANCIALLY SUPPORTED PROJECT TITLE

NAME OF FUNDING ORGANIZATION

GRANT #

TITLE & NAME OF INVESTIGATOR

DATE

SIGNATURE (in event that you are unable to add it diitally, please print and scan)

If your Institution has a PHS-compliant FCOI policy, you do not have to complete page 2 and 3 of this form.

DISCLOSURE COMPANIES

During any 12 month window, did you or your immediate family expect to receive remuneration (salary of payment for services) from any public traded entity related to the research you are conducting in collaboration with SU FHMS that either alone or aggregated with the value of any equity you currently hold in that entity, exceeds US\$5000?

Value exceeds \$5000 If **YES**, provide the **name(s)** , actual/anticipated **amounts** and the **currencies**

YES

NO

NATURE OF THE REMUNERATIVE ACTIVITY

DISCLOSURE OF EQUITY

Do you or your immediate family currently, or during the last 12 months hold any equity interest in a non-publicly hold traded entity related to the research you are conducting in collaboration with SU FMHS?

If **YES**, provide the name(s)

YES

NO

DISCLOSURE OF TRAVEL EXPENSES

During any 12 month window within the past 12 months through the coming 12 months, have you had, or do you expect to have, travel expenses related to the research you are conducting that exceed US\$5000 for a trip **or** series of trips reimbursed or sponsored by any one entity? NOTE: Do not disclose travel that is reimbursed or sponsored by an accredited institution of higher education, an academic teaching hospital, provincial government or state government.

Value exceeds \$5000 If **YES**, provide the **name(s)**, actual/anticipated **amounts** and the **currencies**

YES

NO

Purpose of trip(s), **destinations** and **duration** of travel

INVENTIONS, COPYRIGHT, PATENTS LICENSED TO A COMPANY

Are you or your immediate family the inventor of any technology on which you will conduct evaluative or developmental research at SU FHMS that is protected by copyright, the subject of an issued patent, or that has been optioned or licensed to a company.

If YES, briefly describe the nature of the technology, including patent or copyright numbers.

YES

NO