



Office of Grants Management

**Complete this form if you have financial interests to disclose**

**STUDY SPECIFIC REPORT FORM**

Name: \_\_\_\_\_

Institution/Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Conflicts Management Official: \_\_\_\_\_

If you have the information, please answer questions 1-6, if not continue on to Entity Report below.

1. Project Title: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Grant Principal Investigator: \_\_\_\_\_

Is BNI a  prime awardee or a  subawardee for this project?

If BNI is the prime, list all subawardees:

\_\_\_\_\_

If BNI is a subawardee, what institution is the primary awardee?:

\_\_\_\_\_

2. Project Principal Investigator: \_\_\_\_\_

3. Protocol Details (if applicable): \_\_\_\_\_

Protocol Title: \_\_\_\_\_

Protocol Number: \_\_\_\_\_

Protocol Type:  IRB  IACUC

4. Project Sponsor(s) (if any): \_\_\_\_\_

5. Drug Sponsor(s) (if any): \_\_\_\_\_

6. Device Sponsor(s) (if any): \_\_\_\_\_

**Please provide a brief summary of the research, including the Scope of Work and specific aims for federally funded projects:**

**Please provide a description of your role(s) in this research:**

## Study Related Entity Disclosure

Entity Name: \_\_\_\_\_  
Address1: \_\_\_\_\_  
Address2: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_  
Zip: \_\_\_\_\_

### Intellectual Property:

Type:

For-Profit    Non-Profit    Private Non-Profit    Federal Government    Other

### Corporate Status:

Publicly Traded    Privately Held

### Person who has relationship to this entity:

Self / Spouse / Child or Children / Significant Other / Parent / Sibling / Other Relative

Please provide an explanation of how your financial interest or intellectual property interest may relate to the project:

1. Have you received honoraria or other payment for books, publication or lectures from this entity during the past 12 months?

Yes    No

If yes, how much were you compensated by this entity (give exact dollar amount)? \_\_\_\_\_

Please indicate which activities (e.g., commissioned papers, speakers bureau, etc.):

\_\_\_\_\_

2. Have you received consulting fees from this entity during the past 12 months?

Yes    No

If yes, how much were you compensated by this entity (give exact dollar amount)? \_\_\_\_\_

Please describe the nature of your consulting work: \_\_\_\_\_

\_\_\_\_\_

3. Do you have equity/ownership interest (e.g., stock or option holding, partnership share) in this entity?

Yes     No

If yes, please provide the percentage of company ownership represented by your holding: \_\_\_\_\_

Value of equity/ownership interest (give exact dollar amount): \_\_\_\_\_

Specify stock, options, etc.: \_\_\_\_\_

4. Have you received personal income from this entity through royalties during the past 12 months?

Yes     No

Have you received personal income from this entity through licensing fees from patents or other intellectual property interests during the past 12 months?

Yes     No

If yes, please provide yearly income (give exact dollar amount): \_\_\_\_\_

5. Do you have an executive position with this entity?

Yes     No

If yes, type of position: \_\_\_\_\_

If you have another position with this entity, please specify: \_\_\_\_\_

Please describe your role(s) in the position(s): \_\_\_\_\_

If yes, please provide yearly income (give exact dollar amount): \_\_\_\_\_

6. Do you serve as a member of an advisory board for this entity?

Yes     No

Please describe your role(s) or position(s): \_\_\_\_\_

If yes, please provide yearly income (give exact dollar amount): \_\_\_\_\_

Explanation: \_\_\_\_\_

7. Do you serve on the corporate board of directors for this entity?

Yes     No

Please describe your role(s) or position(s): \_\_\_\_\_

If yes, please provide yearly income (give exact dollar amount): \_\_\_\_\_

Explanation: \_\_\_\_\_

8. Does this entity provide any money to support any of the research in which you may be involved?

Yes     No

If yes, what is your relationship to the research? \_\_\_\_\_

Please describe your role(s) in the research: \_\_\_\_\_

If you have another role in the research, please describe: \_\_\_\_\_

\_\_\_\_\_

9. Does this research project involve human subjects?

Yes     No

Please provide specific information about your role(s) related to the human subjects in this research: \_\_\_\_\_

\_\_\_\_\_

10. Does this research involve clinical research with the purpose to evaluate the safety or effectiveness of a drug, medical device, or treatment?

Yes     No

Please provide a rationale for your answer: \_\_\_\_\_

\_\_\_\_\_

11. Could your financial interest in the entity directly and significantly affect the design, conduct, or reporting of this research?

Yes     No

Please provide a rationale for your answer: \_\_\_\_\_

\_\_\_\_\_

12. Could the results of any of your research reasonably be viewed as affecting the financial or other interests of this entity?

Yes     No

Please provide a rationale for your answer: \_\_\_\_\_

\_\_\_\_\_

**13. Could the results of your research reasonably be viewed as affecting the value of financial interests (equity or equity equivalents, payments of any type, patents, etc.) of you or a member of your immediate family (spouse, significant other, parent, sibling, children, or other relative in household)?**

Yes     No

**Please provide a rationale for your answer:** \_\_\_\_\_

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**14. Do students/trainees work on the research?**

Yes     No

**Please provide specific information:** \_\_\_\_\_

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**15. Do you have any other relationship with or financial interest in this entity?**

Yes     No

**If yes, please describe:** \_\_\_\_\_

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**16. Do you receive any gifts, payments, favors or anything of monetary value from this entity?**

Yes     No

**If yes, please describe:** \_\_\_\_\_

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## Study Specific Report of External Interests

I have completed this report fully and to the best of my ability. I understand that failure to disclose compensation from a commercial entity is not permitted by institutional policy. In addition, I have read the policies regarding conflict of interest and understand those policies as written. I agree to abide by those policies and disclose any relationships that I, or any member of my immediate family, including spouse, significant other, or children have with commercial entities as indicated in this report for review by the Conflicts Advisory Panel.

I agree with the above statement:       Yes    No

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional comments or clarifications regarding this report *(please include additional documents regarding this report if needed)*: