

ADDENDUM

STATEMENT OF FINANCIAL INTERESTS

This form is to be completed by any Investigator, who may have an actual, potential, or perceived conflict of interest in connection with a sponsored project, when additional information is required to supplement data provided on a ***Conflict of Interest (COI) Form***. The term “conflict of interest” refers to situations in which financial or other personal considerations may compromise or may have the appearance of directly and significantly compromising a person’s professional judgment in proposing, conducting or reporting research or other sponsored activities.

It is the Investigator’s responsibility to obtain and provide the requested information to ensure that this disclosure form is completed fully and accurately. **A separate disclosure must be completed for each outside entity in which the Investigator has an actual, potential, or perceived conflict of interest.**

Please note: During the term of the research project, if any new or previously undisclosed conflicts arise, a separate Addendum must be completed and submitted to the Associate Vice President for Research and Sponsored Projects.

[If additional space is needed to respond to an item, please attach an additional page.]

Name of Individual Submitting Statement: _____

Role of Individual Submitting Form: PI Co-PI Other: _____

Sponsor/Funding Agency: _____

Project Title: _____

OGC Project#: _____ ASC Account# (if applicable): _____

1. Brief Description of the Project: _____

2. a. Name of the Outside Entity: _____
b. What is the principal business of the Outside Entity? _____
c. Address: _____

3. Are CSUF students or employees performing services for the Outside Entity?

No

Yes, describe tasks performed by the students: _____

4. Is or will the Outside Entity be involved with the sponsored project as a subcontractor, consortium member, supplier of goods, lessor, or other participant?

No

Yes, describe relationship between the Outside Entity and the project: _____

5. Describe the relationship, including any financial relationship, between you, your spouse or child and the Outside Entity. If not applicable, state "N/A": _____

6. Does or will the Outside Entity manufacture or commercialize any device, procedure, drug, vaccine or other product that is associated with or that will predictably result from the project?

No

Yes. Describe/provide information on the device, procedure, etc. : _____

7. Are you, your spouse or child a founder, director, officer, partner, trustee, board member of, or a holder of any supervisory, managerial, financial, technical, scientific or advisory positions in the Outside Entity?

No

Yes. Specify the position(s), general responsibilities and expected time commitment (hours/year):

8. Do you, your spouse, or child have a consultant relationship with the Outside Entity? No Yes

If YES: a) Describe the consultant duties and expected time commitment (hrs/yr): _____

b) Does the remuneration (e.g., compensation, equity, etc.) from the Outside Entity exceed \$10,000 annually when aggregated for you, your spouse and/or child? No Yes

14. Please describe the process for independent review of the research.

For example:

Will the research work plan receive independent peer review?

Will the product of the collaborative effort be published in peer-reviewed scientific literature?

Will the Outside Entity, sponsor or other relevant interests receive acknowledgment in public presentations or publications related to the research results?

Will the Outside Entity have input into the publication?

15. Please provide any additional information that will be helpful to the Associate Vice President for Research and Sponsored Projects and the Conflict of Interest Committee in making a determination in this case.

VERIFICATION: I have used all reasonable diligence in preparing this Statement and that to the best of my knowledge it is true and complete.

Signature of Investigator Date

~FOR CONFLICT OF INTEREST COMMITTEE USE ONLY~

CONFLICT OF INTEREST DISCLOSURE REVIEW COMMITTEE RECOMMENDATIONS

_____ The disclosed financial interest(s) does not appear to have any impact on the project. No further action is required from investigator.

_____ The disclosed financial interest(s) may reasonably have an impact on the project. The attached Conflict of Interest Resolution Plan suggests action(s) recommended in order to manage or eliminate the actual, potential, or perceived conflict of interest.
(Attach COI Resolution Plan)

_____ The disclosed financial interest(s) create a conflict that cannot be appropriately managed or eliminated. The attached memo suggests recommended action(s).
(Attach Memo)

Print Name
Chair, Conflict of Interest Committee

Signature

Date

_____ I concur with COI Committee Recommendations

_____ I concur with COI Committee Recommendations, with additional action(s)*

_____ I do not concur with COI Committee Recommendations. Please see notes below.*

Print Name
**AVP, Office of Research and Sponsored Projects
(Reviewing Official)**

Signature

Date

*Notes/Additional Action(s): _____

