University of Regina | Executive Offices

VICE-PRESIDENT (RESEARCH)
3737 Wascana Parkway
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Financial Interest Declaration and Disclosure for Public Health Services/ National Science Foundation Funding Recipients Form

Date:

Click or tap here to enter text.

Name:

Click or tap here to enter text.

Campus Address:

Click or tap here to enter text.

Department:

Click or tap here to enter text.

Title of NIH funding application or grant:

Click or tap here to enter text.

Principle Investigator:

Click or tap here to enter text.

This disclosure is being made:

☐ At the time of grant submission

☐ As a new reportable interest

☐ As an annual disclosure

☐ At the request of university

☐ As sponsored travel

Important Notes:

1. *Institutional Responsibilities – Your obligation to disclose applies not only to financial interests which are related to your research, but also to financial interests which affect any of your responsibilities at the University of Regina, including teaching, professional practice, committee memberships and other service activities. No disclosure is required for financial interests which are entirely unrelated to any of your institutional responsibilities.*
2. *Family Holdings – In completing this declaration, you must include financial information of your family, and must aggregate your holdings with those of your family for the purpose of determining whether minimum thresholds have been met. "Family" is defined as your spouse or domestic partner and dependent children of yours or your domestic partner.*
3. *Future Holdings – Your obligation to disclose financial interests applies not only to financial interests you have now but also to financial interests which you expect to hold or receive within the next 12 months. In the event of any change within 12 months of completing this form, you must file a new Declaration.*
4. *Travel Benefits – Your obligation to disclose applies to any travel benefits (meaning travel expenses paid on your behalf or reimbursed to you) and details of travel benefits must be disclosed within thirty (30) days following the completion of travel. Details must include purpose of the trip, identity of the sponsor, destination and duration of the trip.*
5. *Confidentiality – The information contained in this form will be treated as confidential; however, if you are receiving a sub-award of PHS funds from another institution, this disclosure may be released to that institution as a condition of funding.*
6. *In the event this Disclosure reveals a conflict of interest, the University will be required to disclose the conflict to NIH prior to proceeding with the application or award.*
7. *Disciplinary Action – This Disclosure is mandatory. Failure to disclose a conflict of interest in accordance with these requirements will be treated as misconduct.*

Please complete PART A below. If you answer YES to any of the questions in PART A you must provide additional information in PART B.

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PART A - DISCLOSURE

1. In the preceding 12 months, have you or your family received (or do you expect to receive in the next 12 months) royalties, salary or other payments for services (including consulting fees, honoraria, or paid authorship) in any way related to any of your institutional responsibilities and from any entity except the University of Regina?

   Note: for the purposes of this question, do not include payments from a federal, provincial or municipal government agency, or another institute of higher education (including affiliated research institute) or a hospital.

   You: ☐ Yes ☐ No Family: ☐ Yes ☐ No

2. Do you or your family have (or expect to have in the next 12 months) any equity interest in a publicly traded entity in any way related to any of your institutional responsibilities? For purposes of this section, equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.

   Note: for the purposes of this question, "equity interest" does not include investment vehicles such as mutual funds and retirement accounts as long as you do not directly control the investment decisions made in these vehicles.

   You: ☐ Yes ☐ No Family: ☐ Yes ☐ No

3. Do you or your family have (or expect to have in the next 12 months) any equity interest in a non-publicly traded entity in any way related to any of your institutional responsibilities? For purposes of this section, equity interest includes any stock, stock option, or other ownership interest, at the most recent sales price recognized by the company.

   You: ☐ Yes ☐ No Family: ☐ Yes ☐ No

4. Have you or your family received within the past 12 months (or do you expect to receive) travel benefits from any entity related to any of your institutional responsibilities?

   Note: for the purposes of this question, "travel benefits" means travel expenses paid on your behalf or reimbursed to you. It does not include travel expenses paid by federal, provincial or municipal government agency, an institution of higher education (including affiliated research institute) or hospital.

   You: ☐ Yes ☐ No Family: ☐ Yes ☐ No

5. Do you or your family have an ownership interest in any other property (including equipment, patents and other intellectual property) in any way related to your institutional responsibilities?

   You: ☐ Yes ☐ No Family: ☐ Yes ☐ No

6. Is there anything not covered in the above questions that you believe might constitute a potential conflict of interest or create the appearance of being a conflict of interest involving you or your family and related to your institutional responsibilities?

   You: ☐ Yes ☐ No Family: ☐ Yes ☐ No

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PART B - DESCRIPTION OF FINANCIAL INTEREST

If you answered YES to any of the questions in PART A, specifically describe the financial interest or affiliation and its relationship to your institutional responsibilities in the space provided here. If the interest consists of money or something else of value that you or your family members have received or will receive, you must disclose the amount of money or value. If the interest consists of equity that you own, you must provide the current value (if any) of the equity and the percentage of ownership of the company that it represents. You may use the space below or attach an additional sheet if needed.

I hereby certify that the information contained in PART A and PART B above is true and correct to the best of my knowledge and that I have made reasonable efforts to assure that accurate and complete information has been provided.

Signature of the investigator Date

Department Head Acknowledgement
By signing below, the department head hereby certifies that he or she has reviewed this Disclosure.

Signature Date

Dean (or Associate Dean Research) Acknowledgement
By signing below, the Dean or Associate Dean (Research) hereby certifies that he or she has reviewed this Disclosure.

Signature Date