

**Financial Conflict of Interest (FCOI) in Public Health Service (PHS)
Funded Research (the "Directive")**

This form is to be completed in conjunction with the Directive.

Date (dd/mmm/yy):		PHS Awarding Component and Grant No. (if known):	
Name of Project Director (PD) /Principal Investigator (PI):		Name of Investigator:	
Proposed Role or Role of Investigator in NIH/PHS/HHS Project:			
Name of Company/Individual/Entity in which the Investigator, his/her Spouse or his/her Dependent Child has a Significant Financial Interest:			
Title of Research Project:			
<p>McGill University collects and protects personal information under the authority of the Section 64 of Quebec's Act Respecting Access To Documents Held By Public Bodies And The Protection of Personal Information, and will be protected under Division II of the Act, for the purposes of operating the programs and services of the University.</p> <p>1 The above-noted investigator has chosen to apply for, and/or work on, a research project funded by the PHS. As a result, the investigator is required to comply with the US regulations <i>42 CFR Part 50 and 45 CFR Part 94</i>, as reflected in the Procedure, a copy of which is attached.</p> <p>2 Please choose one</p> <p style="margin-left: 40px;"> <input type="radio"/> The Investigator <input type="radio"/> His or Her Spouse <input type="radio"/> His or Her Dependent Child </p> <p>has disclosed that he/she has a significant financial interest involving me/my company.</p> <p>3 Please <i>initial all boxes</i>, indicating your agreement with each statement:</p> <p><input type="checkbox"/> I voluntarily authorize the University's Designated Official to disclose all information collected on the <i>Disclosure and Consent Form for Significant Financial Interests</i> (the "Form"—a copy of which is attached to this Informed Consent) for the person indicated in Section 2, above, respecting me or my entity to the Public Health Service (PHS) for the purpose of compliance with the United States regulations <i>42 CFR Part 50 and 45 CFR Part 94</i>.</p> <p><input type="checkbox"/> I voluntarily authorize the Designated Official to disclose the information on the Form to any personnel of the University as deemed necessary by the Designated Official in order for that Designated Official to assess, in accordance with the Procedure, whether the significant financial interests disclosed on the Form constitute financial conflicts of interest.</p> <p><input type="checkbox"/> In the event that the Designated Official determines that any significant financial interest that is disclosed on the Form constitutes a financial conflict of interest, I further voluntarily authorize the University's Designated Official to post any or all information collected on the Form pertaining to that financial conflict of interest on a public website or release it in response to a written request, pursuant to the Procedure.</p> <p>4 This permission will exist for the following dates (dd/mmm/yy): _____ to _____</p> <p align="center">(from the date at which the form was signed to 3 years post study completion)</p>			
NOTE: Consents may be revoked at any time by so indicating in writing to the Designated Official.			
Signature	Please Print Name	Date signed	