

**National Institute of Health (NIH) and National Science Foundation (NSF)**

Email COI Disclosure Questions: ethics-office@llnl.gov

Phone Number for COI Disclosure Questions: (925) 424-4002

Under federal law promulgated by the Public Health Service (PHS) and [LLNS Employee Conflict of Interest Compliance Plan](#), the Principal Investigator (PI) and all other covered "Investigators" must disclose certain defined personal (or individual) financial interests that exceed the thresholds provided by PHS and that are related to their Institutional Responsibilities. Such disclosed financial interests, which also include interests held by an investigator's spouse/registered domestic partner and dependent children (collectively referred to as "Near Relatives" in this disclosure), are deemed Significant Financial Interest (SFI). Separate disclosures of SFI(s) must be made by every person who meets the definition of an "Investigator", including the Principal Investigator, and all Co-Investigators, Senior/Key Personnel, Collaborators, Consultants, and **any** other individual who, regardless of title or position, has responsibility for the design, conduct, or reporting of research that is funded, or proposed for funding, by **any** PHS agency or **any** other sponsor that has adopted the PHS regulations ("Covered Entity").

**I. Investigator Information** \*required fields

*Last Name:	*First Name:	*	*Emp.#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Email:	*Phone	*Department:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Dept. Contact Name:	*Dept. Contact Email:	*Dept. Contact Phone #:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**II. Training Certification**

\* **Have you completed the Financial Conflict of Interest ("FCOI") Training required by PHS?** Yes No

**Note:** All Investigators (as defined in the regulations) must complete this training **prior** to beginning work on **any** project that is funded by **any** PHS agencies or **any** other sponsor that has adopted the PHS regulations ("Covered Entity") with a Notice of Award issue date after August 24th, 2012. If you have not taken this training:

Go to <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>

Please complete your training and download/print the certificate of completion. Keep a copy for your records. Training must be completed on an annual basis. Once completed, forward the training certificate (valid for the past 12 months) to your LLNL point-of-contact PI for your specific proposal.

**III. Funding Agency**

Funding Agency: Name: \_\_\_\_\_ Proposal Opportunity #: \_\_\_\_\_

Proposal Opportunity Name: \_\_\_\_\_

Research Proposal Title: \_\_\_\_\_

Proposal Opportunity Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Funding Amount: \_\_\_\_\_

**IV Disclosure**

**\*A. Reason for Disclosure**

- Initial Disclosure
- Mandatory annual update of existing Disclosure
- Update to existing Disclosure to add a new project or add a newly discovered/acquired Significant Financial Interest (SFI)
- Correction to existing Disclosure

**B. Income/Equity Interest (Publicly Traded Entity)**

**\* Part I. (Income):** In the past 12 months, have you or **any** Near Relatives received **any** income related to your Institutional Responsibilities from **any** Publicly Traded Entity in an amount that, when totaled, exceeds \$5,000? *(This does not include payments from Lawrence Livermore National Security (LLNS), LLC, or LLNS Member Company or income from seminars, lectures, or teaching engagements sponsored by a federal, state, or local government.)*

- Yes
- No

**\* Part II (Equity):** Do you or **any** Near Relatives currently hold **any** equity interest in **any** Publicly Traded Entity related to your Institutional Responsibilities where the value of such equity interest at the time of this Disclosure exceeds \$5,000? *(This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions).*

- Yes
- No

**\* Part III (Income + Equity from/in same Entity):** Do you or **any** Near Relatives currently hold **any** equity interest in **any** Publicly Traded Entity from which you or **any** Near Relatives have **ALSO** received **any** income in the past 12 months related to your Institutional Responsibilities, where the amount of income and present value of the equity interest, when totaled, exceeds \$5,000?

- Yes
- No

Entity Name	Recipient	Dollar Range	Relatedness Opinion

**C. Equity/Income Interest (Non-Publicly Traded Entity)**

**\*Part I (Income):** During the 12 months prior to this Disclosure, have you or **any** Near Relatives received **any** income related to your Institutional Responsibilities from **any** non-publicly traded entity that, when totaled, exceeds \$5,000?

Yes

No

Entity Name	Recipient	Dollar Range	Relatedness Opinion

**\*Part II (Equity):** Do you or **any** Near Relatives currently own an equity interest in **any** Non-Publicly Traded Entity related to your Institutional Responsibilities? *(This can include **any** stock, stock option or other ownership interest).*

Yes

No

Entity Name	Recipient	Dollar Range	Relatedness Opinion

**D. Intellectual Property Rights and Interests**

**\*** In the past 12 months, have you or **any** Near Relatives received **any** payments for **any** Intellectual Property Rights and Interests related to your Institutional Responsibilities that, when totaled, exceeds \$5,000? *(This includes, for example patents or copyrights, assigned or licensed to a party other than LLNS.)*

Yes

No

Entity Name	Recipient	Dollar Range	Relatedness Opinion

**E. Travel Reimbursement/Sponsorship**

\* **Part I (Last 12 Months):** At **any** time in the last 12 months, have you undertaken **any** travel related to your Institutional Responsibilities that was sponsored by **any** Entity, or for which you have received **any** Travel Reimbursement or Payments from **any** Entity? *(This does not include sponsorship, reimbursement, or payments from federal, state, or local government, or LLNS.)*

Yes

No

Entity Name	Travel Destination	Begin Date	End Date	Relatedness Opinion

**Note:** The regulations require travel Disclosures to be updated within 30 days after travel occurs. To avoid multiple future updates to this Disclosure you **may (but are not required to)** prospectively report travel for the upcoming 12 months as part of this Disclosure. If, however, your travel plans change from what you disclose at this time, you must submit an updated Disclosure within 30 days of such change.

**Part II (Next 12 Months):** Do you anticipate undertaking **any** travel related to your Institutional Responsibilities that will be sponsored by **any** Entity or for which you will receive **any** Travel Reimbursement or Payments? *(This does not include sponsorship, reimbursement, or payments from federal, state, or local government, or LLNS.)*

Yes

No

Entity Name	Travel Destination	Begin Date	End Date	Relatedness Opinion

**F. Management/Control/Consulting Related to an Outside Entity**

\* Other than what you have already disclosed, do you or **any** Near Relatives hold **any** position of management or decision making authority with **any** entity (e.g. Director, Partner, Member Board of Directors, Member Scientific Advisory Board, Officer) where such position is in any way RELATED to **any** of your research funded a Covered Entity

Yes

No

**Position**

**Responsibilities**

Position	Responsibilities

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**V. Cover Memo Information**

SUBMIT THE FOLLOWING INFORMATION and ATTACHED DOCUMENTS to PHS\_FCOI@llnl.gov:

1. Attach the training certificate
2. Attach the LLNL form LL6494
3. Provide information on the call opportunity number
4. Provide information listing out your role in the proposal
5. Provide information listing out all members on your team, internal to LLNL and external partners/collaborators/consultants
6. Provide information on your scope of work for the proposed opportunity

#### **IV. Acknowledgement and Certification**

Email COI Disclosure Questions: [ethics-office@llnl.gov](mailto:ethics-office@llnl.gov)

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I certify that this is a complete disclosure of all my Significant Financial Interest (SFIs). I acknowledge that by signing or typing my name below it is my responsibility to update this disclosure a minimum of annually, and within 30 days after the acquisition/discovery of any new SFIs.

\*Type your name here:

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Employee Signature

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Date

Submit this form to [PHS\\_FCOI@llnl.gov](mailto:PHS_FCOI@llnl.gov).