Potential Conflict of Interest Disclosure Form (revised March 2015)

Everyone engaged in research at Azusa Pacific University (see definition of covered individual) must complete the “Potential Conflict of Interest Disclosure Form” per the Policy for Conflicts of Interest in Research (the “Policy”). The form must be completed no later than the time of application for funded research (with the Grants Routing Form), or when a researcher is applying for IRB or IACUC approval, whichever is first, regardless of the source of research funding. If there are subsequent changes to any response, a new form must be filled out within 30 days. Based upon the information provided on this form, the university will determine, through the Committee for Conflicts of Interest, whether the researcher has any conflicts of interest. The full policy, including definitions of key terms (italicized on this form), may be found at www.apu.edu/grants/policies. Questions about this form or the policy may be directed to Dr. Diane Guido, Research Integrity Officer, at dguido@apu.edu or (626) 812-3034.

Name: ___________________________ Date: ______________

Title of Proposed Research: ____________________________________________________________

Potential or Secured Funding Source: __________________________________________________

Submitted with: □ Sponsored Research Routing Form □ Annual Update (if PHS funded)
□ IRB or IACUC Proposal □ Other (e.g., change of circumstances)

1. Do you have any significant financial interest (as defined in the Policy) that, to an independent observer, would reasonably appear to be affected by research in which you are involved or that exist in entities whose financial interests to an independent observer would reasonably appear to be affected by your research (e.g., stock values, etc.)?
   Yourself: __Yes __ No Your spouse or dependent children: ___Yes ___No ___NA

2. Separate from regular research payments (as defined in the Policy), have you received in the last 12 months or will you receive in the next 12 months more than $5,000 in cash or of monetary value from an entity that could reasonably appear to be affected by this research?
   Yourself: __Yes __ No Your spouse or dependent children: ___Yes ___No ___NA

3. Do you consult or have a financial interest with any commercial funding source that also sponsors clinical trials or other research at the University in which you simultaneously are responsible for the design, conduct or reporting of the University project?
   Yourself: __Yes __ No Your spouse or dependent children: ___Yes ___No ___NA

4. Do you serve as an officer, director, employee, or member of an advisory committee or review board of an organization (whether paid or unpaid) that is related to your research interest (or that could reasonably appear to be affected by your research)?
   Yourself: __Yes __ No Your spouse or dependent children: ___Yes ___No ___NA
5. Would your school or academic department receive anything of value from any commercial funding source that sponsors your research (other than compensation disclosed in the budget submitted to the Office of Research and Grants with your grant proposal)?

___Yes ___No

6. Do you use or propose to use University facilities or personnel to conduct research or testing for any outside interests other than sponsored projects approved by the University?

___Yes ___No

7. Do you engage in external professional or commercial activities (e.g., external consulting) related to your research?

___Yes ___No

8. Did you receive any reimbursement for travel or sponsored travel related to your institutional responsibilities from an entity other than a federal, state, or local governmental agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education?

___Yes ___No

9. Do you have a conflict of interest (as defined in the Policy) or the appearance of any conflict of interest (including bias) between your personal financial, relational, or other interest and your involvement in this research project?

___Yes ___No

10. 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 related to this research?

___Yes ___No

If you answered “yes” to any question above (#1-10), attach a separate page describing the nature and amount of any interest noted and how you have mitigated (or plan to mitigate) any identified potential conflicts.

Are you the Principal Investigator or are you responsible for the design and conduct of this research project?

___Yes ___No

If yes, please identify faculty, staff, students, and other collaborators who will be working with you on this research project.

Name, Affiliation: __________________________________________________________
Name, Affiliation: __________________________________________________________
Name, Affiliation: __________________________________________________________
Name, Affiliation: __________________________________________________________

If any of the covered individuals listed above has IRB approval from another institution related to this study, please provide a copy of that IRB approval.

I attest that I have disclosed any and all significant financial and other interests, as well as those of my spouse and children, which, to an independent observer might reasonably appear to affect or be affected by my research.

__________________________________________
Signature

__________________________________________
Department/Division

__________________________________________
Date

Submit this form with the Grant Routing Form to the Office of Research and Grants, or with the IRB and IACUC applications to the appropriate IRB/IACUC Coordinator for review.