

**MEMORIAL HOSPITAL OF RHODE ISLAND COMPLIANCE OFFICE
DISCLOSURE STATEMENT OF FINANCIAL INTERESTS AND OUTSIDE PROFESSIONAL ACTIVITIES**

Principal Investigator Name:
Title of Proposal:
Name and Department of Individual Making this Disclosure::

New Disclosure: _____ Annual Disclosure: _____ Correction or addendum to previous report: _____

Investigator means the Project Director or Principal Investigator (PD/PI) and any other person, regardless of title or position, who is responsible for the design, conduct or reporting of research that is conducted at Memorial Hospital of Rhode Island (MHRI). Senior/Key Personnel means the Investigators and any other person identified as senior/key personnel by the Institution in the grant application, progress report, or any other report submitted by MHRI to the PHS with respect to research funded by the PHS, or proposed for such funding. The Principal Investigators of each sponsored project are responsible for determining which people (e.g., co-investigators, collaborators, staff, trainees, consultants, etc.) meet the definition of "investigator" and are responsible for the filing of conflict of interest disclosures for each person.

Do you (including your spouse, domestic partner, and dependent children) have any of the financial interests described below that reasonably appear to be related to your institutional responsibilities (teaching, research, administration and/or clinical care):

YES NO Please check appropriate box for EACH line:

		1. Any salary or payment for services (e.g., consulting fees, honoraria, paid authorship), other than through a MHRI affiliate, from a publicly traded entity in the past 12 months?
		2. Currently, any equity interest (e.g., stocks, stock options, other ownership interest) in a publicly traded entity?
		3. Combined payment/income from items 1 and 2 that exceed \$5,000 for any single publicly traded entity?
		4. Any salary or payment for services (e.g., consulting fees, honoraria, paid authorship) from a non-publicly traded entity in the preceding 12 months that exceeds \$5,000?
		5. Currently, any equity interests (e.g., stocks, stock options, other ownership interest) in a non-publicly traded entity?
		6. Intellectual property rights (e.g., patents, copyrights or royalties from these rights) other than through MHRI? NOTE: must be reported upon receipt of income.
		7. Any reimbursed or sponsored travel related to your institutional responsibilities from an entity that is NOT a federal, state, local government agency, associated with an institution of higher education, an academic teaching hospital, or medical center, or a research institute that is affiliated with an institution of higher education.

Further information regarding Memorial Hospital of Rhode Island's Conflict of Interest Policy may be found at: <http://www.mhri.org/news.php>
Note: All Principal Investigators or Senior/Key personnel must complete training every 4 years. Please provide this disclosure form and a copy of the certificate of completion to: MHRI Grant Accounting Office.

I certify that the above information is true to the best of my knowledge. I know of no other potential or actual conflict of interest situations in this research. I will report any change within 30 days of occurrence.

**Printed Name of Individual
Disclosing Information**

Signature

Date

If you checked "YES" for any items on this form, please obtain the appropriate departmental chair or chief signature. In addition, you will be contacted for more specific information relating to your financial interests which will be presented to the Memorial Hospital of Rhode Island Compliance Officer and/or the appropriate research review Committee. *Note that no research on this project may proceed until the compliance officer/review committee has determined whether a financial conflict of interest exists, and if it does, has established and implemented a financial conflict of interest management plan.*

Printed Name of Chair/Chief

Signature

Date