



BOSTON UNIVERSITY
 CONFLICT OF INTEREST DISCLOSURE FORM
 (COMPREHENSIVE FORM)

MEDICAL CAMPUS ONLY

Please print or type.

Name of Investigator:			
School:		Department:	

Do you, your spouse, or dependent children have a “significant financial interest” (as defined below) that would reasonably appear to be affected by any of your “covered research” (as defined below)?

Yes

No

If your answer to this question is “yes,” you must make disclosure as to each of your projects of research on the attached Disclosure Form (Project-Specific). In addition to any new disclosures, please attach all previously submitted disclosure forms relating to research that you engaged in during the calendar year for which you submit this one-time comprehensive disclosure.

If your answer to this question is “no,” and you have not previously submitted this form, you must submit it before December 31 of the current year. If you have previously submitted this form with a “no” answer, you need not re-submit, but you must promptly file an update to this disclosure, using the Disclosure Form (Project Specific) if your answer to the above question should change to “yes.”

I certify that I have read and understand the Boston University Policy on Investigators’ Conflicts of Interest, that I have made all required disclosures, and that I will comply with the Policy and any conditions imposed by the University to manage, reduce or eliminate a conflict of interest.

 (Signature)

 (Date)

 (Please print name here.)

 The term "**Investigator**" includes all principal investigators and co- investigators, and may include others (e.g., graduate students, post-doctoral fellows, and technicians) who are responsible for designing, conducting or reporting Covered Research.

“**Covered research**” refers on the Medical Campus to all research and on the Charles River Campus to all externally-funded research and all human subject research (regardless of funding)..

“**Significant financial interest**” refers to anything of monetary value, including a salary, consulting fee, honorarium or other payment for service; equity interests, including stocks, stock options or other ownership interests; and intellectual property rights, including patent rights owned by the investigator or on which a clinical investigator is a named inventor (whether licensed or not), copyrights and royalties. This Policy on Investigators’ Conflicts of Interest, however, excludes from consideration the following items:

- (a) salary, or other remuneration (not including royalties) from Boston University;

- (b) income from seminars, lectures, or teaching engagements sponsored by public or non-profit entities (for definition of "entity," see footnote ***)
 - (c) income from service on advisory committees or review panels sponsored by public or non-profit entities;
 - (d) salary, royalties or other payments from a single entity (or group of affiliated entities) that, when aggregated for the investigator and members of his immediate family over the next twelve months, are not expected to exceed \$10,000.
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