

# Request for Information

Upon written request, information will be provided concerning a specific significant financial interest (SFI) disclosed to Boston University or Boston Medical Center and meeting the following criteria:

- The SFI was disclosed and is still held by Senior/Key Personnel;
- The Institution has determined that the SFI is related to the PHS-Funded Research; and
- The Institution has determined that the SFI is a Financial Conflict of Interest.

This form may be submitted to BU Research Compliance, Conflicts of Interest via email to [coi@bu.edu](mailto:coi@bu.edu).

For more information on Boston University and Boston Medical Center research conflict of interest policies go to <https://www.bu.edu/research/ethics-compliance/conflicts-of-interest/>.

## REQUESTER INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>School</b>	<b>Department</b>
<b>Email</b>	<b>Phone</b>		
<b>Mailing Address</b> (if a hard copy is desired)	<b>Mailing Address Line 2</b>	<b>Mailing Address Line 3</b>	<b>Mailing Address Line 4</b>

## INFORMATION REQUESTED

**Name of Senior/Key Personnel holding the significant financial interest (if known):**

**Significant financial interest (e.g., name of the entity in which the SFI is held, nature of the interest, etc; see the definition at <https://www.bu.edu/research/ethics-compliance/conflicts-of-interest/determining-if-your-project-is-covered-research/>):**

## SIGNATURES

**Requester Signature**

**Date**