# PHS/NIH Project Financial Conflict of Interest



In accordance with the University's governance principles expressed in the Compliance Framework, the Staff Code of Conduct, the JCU Code for the Responsible Conduct of Research Policy and the PHS/NIH Financial Conflicts of Interest Procedure, staff members (senior and key personnel such as Principal Investigators and Investigators on PHS/NIH funded research projects) are required to declare Significant Financial Interests (SFIs). This information will managed as per the Procedure and a PHS/NIH Financial Conflicts of Interest Confidential Register of all interests declared will be maintained

SURNAME:	First Name:			
Position:	Date:			
Value of SFI	\$			
Directorate/ College/Division:				
Please detail the I	Disclosure of any Significant Financial Interest (staff member/spouse,			
dependent childre	en) as per the Procedure and the type of interest i.e. salary, royalties, noncraria, paid authorship, reimbursed or sponsored travel.			
consulting lees, i	onoraria, paid authorship, reinibursed or sponsored traver.			
	the 12 months preceding this financial interest disclosure, the value of equity			
interest as at the	date of this Disclosure .			
	sisclosure (if > \$5,000) please provide the value of any income received that is			
related to intellect	tual property (IP) rights and interests, for example, patents and copyrights.			
details of the reim	ncludes any reimbursed or sponsored travel, please provide the value and abursement or travel, i.e. the purpose, destination and duration fo the travel the sponsor or organisation funding this travel.			

Please provide details of the Disclosure in relation source as below: (X)

Name			No	
Possived from a publicly traded or non publicly				
Received from a publicly traded or non-publicly traded entity	Yes		No	
Name				
he Financial Conflict of Interest has been identified as an (	please tick ap	propriate	boxes):	
Actual financial conflict of interest				
Perceived financial conflict of interest				
Potential financial conflict of interest				
Proposed action to be taken to resolve or manage the	e financial co	nflict of i	nterest:	
I declare the above details are correct to the best of my	I hereby decla	are that I h	nave received a	and noted
knowledge and I make this financial conflict of interest disclosure in good faith.			nterest disclosu	
The above action has been agreed on to resolve the financial c	onflict of interes	st declared		
Signature	Signature (Manager/Supervisor)			
Date / /	Date / /			
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### Finalisation of Financial Conflict of Interest

The financial conflict of interest declared by resolved and no further action is required.	on / / has now been
Signature	Signature (Manager/Supervisor)
Date / /	Date / /

# Definitions:

**Conflict of interest** 

Under the PHS/NIH Financial Conflict of Interest Policy, a financial conflict of interest exists when the recipient's designated official(s) reasonably determines that an investigator's Significant Financial Interest could directly and significantly affect the design, conduct, or reporting of the NIH-funded research.

## Notes:

Forward to the relevant Responsible Officer as per the Financial Conflict of Interest Procedure to register the Conflict of Interest Declaration.

#### References:

- 1. JCU PHS/NIH Project Financial Conflict of Interest Procedure
- 2. PHS/NIH Project Financial Conflict of Interest Policy