

Louisiana State University Health Sciences Center – Shreveport

CONFLICT OF INTEREST IN RESEARCH  
ANNUAL DISCLOSURE

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_

Position in Research Project (PI, Sub-I, Associate) \_\_\_\_\_

Campus/Business Unit: \_\_\_\_\_

Office Phone & Beeper Number: \_\_\_\_\_

Annual Disclosure Fiscal Year: \_\_\_\_\_

Annual Submission  Updated Submission (Date: \_\_\_\_\_)

New Employee Submission

*The Conflict of Interest in Research (COI-R) Annual Disclosure form must be completed by faculty and staff participating in all areas of research. The COI-R form must be submitted annually at the beginning of each fiscal year or upon employment for any activity anticipated to occur during the upcoming academic year. The COI-R form may be submitted electronically to the Office for Sponsored Programs & Technology Transfer (OSPTT) or delivered to room 1-214. If you submit electronically you must send an original signature page to the OSPTT for the form to be complete.*

**Section 1: Potential Conflict of Interest in Research Generally Allowable  
Following Disclosure:**

1. Will you or a member of your immediate family/household receive compensation or gratuities from any individual(s) or entity(s) doing business with the Institution?

NO (proceed to question #2)

YES (please complete the following questions):

Name of the individual(s) or entity(s): \_\_\_\_\_

Describe the nature and value of the compensation or gratuities: \_\_\_\_\_

\_\_\_\_\_

2. Will you serve on the board of directors or scientific advisory board of a business that provides financial support for Institution research conducted by you or a member of your immediate family or household?

NO (proceed to question #3)

YES (please complete the following questions):

Name of the business: \_\_\_\_\_

Position you hold: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

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Describe the Institution research in which you or your family/household members participate that is funded by the enterprise: \_\_\_\_\_

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3. Will you serve in an executive position in a for-profit or not-for-profit business which conducts research or other activities in an area related to your Institutional duties?

NO (proceed to question #4)

YES (please complete the following questions):

Name of business: \_\_\_\_\_

Position you hold: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

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Describe the research or other activities conducted by the business and how they relate to your Institutional duties: \_\_\_\_\_

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4. Will you have a financial interest in a for-profit business which conducts research or other activities in an area related to your Institutional duties?

NO (proceed to question #5)

YES (please complete the following questions):

Name of business: \_\_\_\_\_

Describe the research or other activities conducted by the business and how they relate to your Institutional duties: \_\_\_\_\_

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Describe the nature and amount of your financial interest in the business: \_\_\_\_\_

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5. Will you have a financial interest in a business that competes with services provided by the Institution?

NO (proceed to next Section 2)

YES (please complete the following questions):

Name of business: \_\_\_\_\_

Describe the activities conducted by the business and how they compete with services provided by the Institution: \_\_\_\_\_

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Describe the nature and amount of your financial interest in the business: \_\_\_\_\_

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**Section 2: Potential Conflict of Interest in Research  
Generally Proscribed:**

1. Will you participate in Institutional research involving a technology owned by or contractually obligated (by license or option to license) to a business in which you or a member of your immediate family or household has a financial interest or holds an executive position?

- NO (proceed to question #2)  
 YES (please complete the following questions):

Name of business: \_\_\_\_\_

Position you or your family/household member hold, if any: \_\_\_\_\_

Describe the duties of the position: \_\_\_\_\_

Describe the nature and amount of the financial interest that you or your family/household member holds in the business: \_\_\_\_\_

Describe the Institutional research in which you or your family/household member participates, if any: \_\_\_\_\_

What is the licensed or obligated technology? \_\_\_\_\_

2. Will you assign students, postdoctoral fellows or other trainees to Institutional research projects sponsored by a business in which you or a member of your immediate family or household has a financial interest?

- NO (proceed to question #3)  
 YES (please complete the following questions):

Name of business: \_\_\_\_\_

Describe the nature and amount of the financial interest that you or your family/household member holds in the business: \_\_\_\_\_

Identify the Institutional research assignments to which the students are assigned: \_\_\_\_\_

3. Will you participate in Institutional research, clinical trials, or service agreements which are funded by grant or contract from a business in which you or a member of your immediate family or household has a financial interest?

NO (proceed to question #4)

YES (please complete the following questions):

Name of business: \_\_\_\_\_

Describe the nature and amount of the financial interest that you or your family/household member holds in the business: \_\_\_\_\_

\_\_\_\_\_

Describe the Institutional research in which you or your family/household member participates: \_\_\_\_\_

\_\_\_\_\_

4. Will you accept support for Institutional research under conditions that require research results to be held confidential, unpublished or inordinately delayed in publication without prior written approval from the OSPTT?

NO (proceed to question #5)

YES (please complete the following questions):

Name of the individual or entity providing support: \_\_\_\_\_

Describe the conditions imposed or agreed to: \_\_\_\_\_

\_\_\_\_\_

5. Will you make referrals of Institution business to an external business in which you or a member of your immediate family or household has a financial interest?

NO (proceed to question #6)

YES (please complete the following questions):

Name of the external business: \_\_\_\_\_

Describe the nature and amount of the financial interest that you or your family/household member holds in the business: \_\_\_\_\_

\_\_\_\_\_

6. Will you associate your own name with the Institution in such a way as to profit financially by trading on the reputation or goodwill of the Institution or gain by reason of your official position for personal gain or benefit of any other person or business entity?

NO (proceed to Section 3)

YES (please complete the following questions):

Describe: \_\_\_\_\_

\_\_\_\_\_

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**Section 3: Certification**

*I hereby acknowledge that I read and understood the most current version of the Conflicts of Interest in Research policy. I certify that I am disclosing all financial interests that might appear to pose a potential conflict of interest. I have enclosed supporting documentation that fully describes the interests and their value. I understand that I have an obligation to file an updated form prior to the next annual disclosure if changes arise that may give rise to a potential conflict of interest.*

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Print Name

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Date

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Signature

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Date