

Significant Financial Interest (SFI) Disclosure Form

This form is required to be completed by each Investigator pursuant to Battelle's Policy on Financial Conflicts of Interest in Public Health Service (PHS) Funded Research.¹

1. Name: _____ Payroll Number: _____
2. Contract or Proposal Number(s): _____
3. Client Name(s): _____
4. Project Name(s): _____
5. Choose which of the following you are submitting for review:
- Initial Disclosure Form (Submitted prior to time of application for PHS funded Research).
 - Newly acquired SFI (Submitted within 30 days of discovering or acquiring a new SFI during performance of a PHS funded Research award).
 - Annual Update (Submitted October 1st of each year).
6. Indicate whether you or your family have any SFIs *related to your institutional responsibilities* to be conducted under any PHS funded research projects. **Your family includes your spouse and all dependent children.**

List all financial interests and attach any applicable project Statement of Work.

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List the following information for each Reimbursed or Sponsored Travel trip required to be disclosed by the Policy:

Purpose: _____ Sponsor: _____

Destination: _____ Duration: _____

7. Indicate whether you have completed the Policy's required training prior to engaging in any PHS funded research within the last four years.
8. Electronic Certification

By executing this Electronic Certification, I certify: (1) The information given above is true to the best of my knowledge, and (2) I have reviewed and shall comply with Battelle's Policy on Financial Conflicts of Interest in Public Health Service Funded Research.

Name: _____ **Email:** _____

Date: _____

¹Please refer to that Policy for an explanation of the requirements and specific definitions at: <http://www.battelle.org/site/privacy-statement-and-disclosures> and BPM 0.3.1.1