



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 in October 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.**
- No, we do not have any SFIs, as defined in the Policy, to disclose.
 - Yes, we do have SFIs, as defined in the Policy, to disclose.

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

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For each Reimbursed or Sponsored Travel Trip required to be disclosed by the Policy, list the following information:

Purpose:

Sponsor:

Destination:

Duration:

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

7. You must have completed **financial conflict of interest training within the last four years** prior to engaging in any PHS funded Research. The required training is currently being offered through a third party, CITI. You can find additional information about the training here (<https://www.battelle.org/site/disclosures>).

By checking this box, I am certifying that I completed the above training within the last four years. The last time I took the training was on _____.

8. Electronic Certification

By executing this Electronic Certification, I certify that (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: