

Financial Conflict of Interest Policy Certification

This form is used to assure an investigators compliance with U.S. Public Health Services (PHS) Financial Conflict of Interest (FCOI) regulations (45 CFR Part 94 and 42 CFR Part 50). If information changes during the course of participation, please update within 30 days.

Check all that apply:		
<input type="checkbox"/> Regional Coord. Center PI	<input type="checkbox"/> Investigator	<input type="checkbox"/> Research Coordinator
<input type="checkbox"/> NCC Staff	<input type="checkbox"/> DMC staff	
<input type="checkbox"/> Other _____		
Name:		
Email:		
Regional Coordinating Center Awardee Institution:		
RCC Number or RCC-SS or RCC-CPS Number:		

Please complete and post the signed form on the Essential Document Sharepoint in the appropriate RCC folder.

Statement Conflict of Interest Policy Certification

Please select that which applies:

☐ A. By signing this statement I am verifying that I have complied with my own institution's Financial Conflict of Interest policy. My institution has a conflict of interest policy which conforms to the requirements of all applicable regulations, including but not limited to those set forth in 45 CFR Part 94 and 42 CFR Part 50, Subpart F.

☐ B. My institution does not have a policy for PHS funding. By signing this statement I am verifying that I have complied with my Regional Coordinating Center's training, policy and disclosure requirements for reporting COI on Externally funded projects.

Please check one of the following that applies your filed report.

☐ A. The institution indicated above has reviewed my statement of financial interest and determined that there is no Financial Conflict of Interest or have indicated that there are no outside activities to review.

☐ B. The institution indicated above has reviewed the statement of financial interest and determined that there is a Financial Conflict of Interest that needs to be disclosed to the sponsor(s) and potentially reported to NINDS (if required by conditions set forth in 45 CFR Part 94 or 42 CFR Part 50 Subpart F). Should the NIH StrokeNet's Conflict of Interest Committee and/or the StrokeNet's cIRB need additional information; the NIH StrokeNet's Conflict of Interest Officer will contact the institution for the following information per public accessibility request:

- Name of investigator with the conflict,
- Investigators title and role with respect to the research project,
- Name of the entity in which the Significant Financial Interest is held,
- Nature of the Significant Financial Interest; and
- Approximate dollar value of the Significant Financial Interest.

Signature:
Printed Name:
Date of signature: day _____ month _____ year _____