

# Non-Mass General Brigham Investigator Financial Interest Disclosure Form

To be used only for Non-Mass General Brigham Investigators that are not covered under an institutional subcontractor's PHS-compliant COI policy

## INSTRUCTIONS

### Why do I need to fill out this form?

This form is being collected because you have been identified as an Investigator<sup>1</sup> on a Public Health Service (PHS)-funded grant<sup>2</sup>. As the grant recipient institution, BWH/MGH is required under federal law (42 CFR Part 50 Subpart F) to collect this information from any Investigator on a PHS-funded research grant. The institution will review the disclosed information to identify and manage any financial conflicts of interest (FCOI) with the research. This is mandated by federal law; non-compliance may result in your being barred from participating in this research.

### How do I fill out this form?

Please carefully read the definition of what constitutes a Significant Financial Interest (below). Remember that the term includes interests held by your spouse and dependent children. Please list the requested information in the table in the two appendices provided. Please use a separate sheet if necessary and attach it to this form. If you have any questions about how to fill out this form or whether certain financial interests should be listed, please contact the Office for Interactions with Industry (OII) at Mass General Brigham.

Email OII: [PHSOIIResearch@partners.org](mailto:PHSOIIResearch@partners.org) ; OII Telephone: 857-282-2024

Mass General Brigham policy on conflicts of interest: <http://www.partners.org/About/Ethics/Interactions-With-Industry/Policy.aspx>

### How to submit the form?

This form must be submitted to your Mass General Brigham Research Management Grants Administrator with a copy to OII ([PHSOIIResearch@partners.org](mailto:PHSOIIResearch@partners.org)).

OII Email: [PHSOIIResearch@partners.org](mailto:PHSOIIResearch@partners.org)  
OII Fax: 857-282-5783 Attention: Research COI Group

### What happens after I submit the form?

The submitted information will be reviewed by the MGB Office for Interactions with Industry (OII) and, in some cases, by the MGB Committee on Conflict of Interest (CCOI) or its designees. OII and CCOI will review the reported financial interests to determine whether any of these interests relate to the PHS-funded research and whether any related interests constitute a financial conflict of interest (FCOI) with the research. If you become a MGB employee after proposal submission, you may be asked to complete an electronic financial disclosure form.

### Are there other requirements for participating on this grant?

All Investigators on PHS grants are required under federal law to complete an online course on Conflicts of Interest in Research. Since this grant is administered through Mass General Brigham, you must take the MGB course even if you have already completed a similar course through another academic institution. For assistance or questions, please contact [PHSOIIResearch@partners.org](mailto:PHSOIIResearch@partners.org). To take the course:

1. Go to [www.citiprogram.org](http://www.citiprogram.org)
2. **IMPORTANT:** The course is listed only under the Mass General Brigham (**NOT** Brigham or MGH) menu of courses. To affiliate with Mass General Brigham, click on the link that says "Affiliate with Another Institution."
3. In the list of Participating Institutions, select "Mass General Brigham" and click submit. It's not necessary to complete any other fields.
4. Complete only the required fields on the registration page. If you do not have a MGB user ID, use your last name, first name (DoeJane).
5. Answer "Yes" to "Do you want to take the Conflicts of Interest mini-course?" and select the Course: "**Conflicts of Interest in Research**"

### List of Subrecipient's Investigators

If you are the PI, please list all personnel who qualify as Subrecipient Investigator at the Subrecipient:

<sup>1</sup> Investigator is defined as PI/PD, Key Personnel and anybody else, regardless of title or role on the grant, who is responsible for the design, conduct or reporting of the research. This may include collaborators or consultants.

<sup>2</sup> includes the following foundations which follow PHS regulations: American Heart Association, American Cancer Society, Arthritis Foundation, Susan G Komen Foundation, Alliance for Lupus Research

## PERSONAL/GRANT INFORMATION

Name of the Investigator completing the form: \_\_\_\_\_  
Contact Email address: \_\_\_\_\_  
Contact Telephone number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Title of the Grant: \_\_\_\_\_  
Principal Investigator on Grant: \_\_\_\_\_  
MGB Grant Record Insight Number: \_\_\_\_\_

## SIGNIFICANT FINANCIAL INTERESTS (SFIs)

***Please read the definitions of “Institutional Responsibilities” and “Significant Financial Interest” carefully before answering the question below:***

“Institutional Responsibilities” in this context means your “MGB responsibilities”; that is, responsibilities you have for, at or on behalf of Mass General Brigham. For example, if you are working as a collaborator or a consultant on a research project at Mass General Brigham, your “MGB responsibilities” are the responsibilities you have in connection with this research project.

A “Significant Financial Interest” (SFI) is defined as the receipt by you, your spouse, or your dependent children of any of the following:

- **Income that exceeds \$5,000** from any outside entity, measured on a rolling 12-month basis. This may be one payment from a particular company of more than \$5000, or multiple payments from the same company that in the aggregate exceed \$5000 and are received within the previous 12 months.
- Acquisition of **equity in a public company that exceeds \$5000** in value;
- **Aggregated income and equity/ownership interest** from a public company **that exceeds \$5,000**, as measured on a rolling 12-month basis;
- **ANY equity/ownership interest in a privately-held company;**
- **An income that exceeds \$5,000 from rights in intellectual property**, as measured on a rolling 12-month basis;
- **All reimbursed and “sponsored” travel that exceeds \$5,000**, as measured on a rolling 12-month basis.

Excluded from this definition are payments (including travel) received from MGB. Also excluded from this definition are payments received from any of the following entities, provided these payments are received for teaching engagements, lectures, seminars, or services on advisory committees or review panels:

- Government agencies
- US institutions of higher education and research institutes affiliated with them
- Academic teaching hospitals
- Medical centers

Further, you do not have to report:

- Salary, royalties, travel, or other remuneration through your employer
- Income from investment vehicles over which you do not exercise control, such as mutual funds and retirement accounts

**Do you, including your spouse and dependent children, have any Significant Financial Interests (SFIs) related to your Institutional Responsibilities?**

**Yes, I have Significant Financial Interests to report and/or I am an employee of a for-profit entity.**  
*(please provide information about your SFIs including reimbursed and sponsored travel in the Appendix)*

**No, I have no Significant Financial Interests, including travel, to report.**

Appendix – Travel Information

Name of Entity that sponsored the travel or reimbursed you	Is this entity a professional society?	Reason for Travel? (e.g., consulting, SAB meeting, talk)	Dates of Travel	Destination	(Optional) Amount reimbursed	Comments
EXAMPLE: Pfizer	No	consulting	Oct 2, 2020 – Oct 4, 2020	Dallas, TX	\$670	Met with Pfizer scientists to consult on new drug development program

**Appendix – Significant Financial Interests**

Please list all Significant Financial Interests over the past 12 month that relate to your institutional responsibilities. Please remember to include interests held by your spouse and dependent children.

**NOTE:** If you are reporting SFIs in Foundations, please indicate, whenever known, if the foundation was set up by and/or receives primary funding from a for-profit entity. Please list the name of that for-profit entity in the “Comments” column.

Name of Entity	Who holds the interest	Type of Interest	Value/Percentage of the Interest during past 12 months	If not equity, description of service	Comments
EXAMPLE: Pfizer	self	cash income	\$12,000	consultant	

---

**CERTIFICATION**

I certify that the information disclosed in this form is true and accurate to the best of my knowledge. I understand and agree that it is my responsibility to notify MGB Office for Interactions with Industry within 30 days if I acquire new Significant Financial Interests and update the information at least annually during the period of award.

\_\_\_\_\_

Signed – Investigator

\_\_\_\_\_

Date