**Financial Conflict of Interests (FCOI) Disclosure Form (B)**

*Based on PHS regulations*

NIH and other agencies funded [*Investigators*](http://research-authority.tau.ac.il/sites/resauth.tau.ac.il/files/media_server/Research-Authority/instructions/FCOI%20policy.docx#Investigator) who have completed Form (A) and checked one or more of the SFIs, need to complete this form as well, if they are requested to do so by Tel Aviv Sourasky Medical Center (TASMC) administrator. Please fill in the appropriate blanks, and explain if needed.

Please send this signed form to Galit Cohen (galitco@tlvmc.gov.il). A member of the COIC might contact you for additional information, if necessary.

Grant Title:

Grant/Proposal Number (if applicable):

PD/PI Name:

Investigator's Name (if different from the PI's):

Phone number: E-mail:

**Significant Interest Disclosure**

1. Relations with Entity (fill in the blanks applicable to you):
2. Does the above mentioned PHS-funded research project involve development or testing of drugs, products, or devices?

Please insert text here

1. Is it reasonable to assume that the entity could be affected by this research?

Please provide an explanation for your response:

Please insert text here

1. If you and/or your family hold a management position with the Entity, state the position title and describe the responsibilities of this position, and specify the Entity's relatedness to this project:

Please insert text here

1. If the research proposal includes the entity as a sub-recipient, supplier of goods, etc., please explain and describe:

Please insert text here

1. Please specify any compensation or remuneration related to the above mentioned PHS-funded research project that was/is received from this entity:

Please insert text here

1. Equity or ownership interests in a public traded entity (if applicable):

|  |  |  |
| --- | --- | --- |
| **Name of the entity**  | **Estimated SFI value** | **Subcontractor** |
|       |       |  yes no  |
|       |       |  yes no  |

Please provide an explanation:

Please insert text here

1. Equity or ownership interests in a non-publicly traded entity (if applicable):

|  |  |  |
| --- | --- | --- |
| **Name of the entity**  | **Estimated SFI value** | **Subcontractor** |
|       |       |  yes no  |
|       |          |  yes no  |

Please provide an explanation:

Please insert text here

1. Past or upcoming travel in last 12 month and anticipated within the next 12 months (if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose of the trip** | **Duration** | **Destination** | **Entity** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

1. Royalties or patent rights (if applicable):

|  |  |  |
| --- | --- | --- |
| **Explanation** | **Aggregated value** | **Type of IP**  |
|       |       |       |
|       |       |       |

1. Please add any other compensation or remuneration related to the above mentioned funded research project not mentioned in this from:

Please insert text here

**Investigator's Declaration**

By signing below I certify that:

1. All SFIs have been disclosed.
2. If I am a PI on this research, I have obtained and submitted disclosures for all members of the research team meeting the definition of [*Investigator*](http://www5.tau.ac.il/Research-Authority/images/stories/forms/FCOI%20policy%20NIH.pdf)*.*
3. I have completed the NIH Office of Extramural Research FCOI tutorial available at: <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>

Investigator's Signature Date of signature