The Conflict of Interest Oversight Committee (COIOC) fully supports the development of relationships with outside entities as long as the appropriate measures exist to protect the objectivity of the research and interests of students and research subjects, as well as to comply with the various state and federal policies. The primary purpose of the COIOC process is to review and document how the potential conflict of interest issues are addressed and provide recommendations or changes when necessary, which is why openness and transparency are especially important.

To help speed the process, please consider the below common conflict of interest concerns and highlight or implement solutions in your Addendum responses. For more ideas, please review [Addressing](https://research.uci.edu/conflict-of-interest/coioc/addressing-coi/) COI Risks. Thank you for your cooperation and commitment to protecting highest levels of research integrity. If you have any questions, please contact the COI Team at [coioc@research.uci.edu](mailto:coioc@research.uci.edu).

**Update:** To promote transparency and best practices in mitigating conflict of interest concerns, the COIOC, as of June 1, 2021 will require disclosure of related financial interests to all research personnel involved in that related research project. Accordingly, the COI Forms have been updated to include an additional section, “Research Safeguards - COI Point Person and Project Team Disclosure” with instructions on this new required procedure.

**Common Conflict of Interest Concerns**

The table below is directed to the “disclosing individual,” the researcher who has financial interests related to the project that require COIOC review.

|  |  |  |
| --- | --- | --- |
| COI Concern | Possible Solution(s) | Addendum Suggestions |
| Do research personnel (students, postdocs, staff, etc.) on this project report to you? | Add a peer (i.e., an independent, non-conflicted, equal rank or higher) researcher to supervise or co-supervise the research personnel on this research project. | Provide a clear description of your role on the project including what aspects you do not participate in to help the COIOC understand where the potential risks are. Include the name, title, and role of the non-conflicted researcher.  Submit the [Liaison Acknowledgement Form](https://research.uci.edu/wp-content/uploads/2021/08/COI-Liaison-Acknowledgement-Form.docx), signed by the non-conflicted peer, with your Addendum submission. |
| Are you solely conducting or responsible for the data collection, analysis, and/or reporting? | Remove yourself from certain aspects, if possible, to allow only non-conflicted individuals to conduct those parts of the project.  Add non-conflicted individuals to participate in the research project in those areas where you originally were the sole person involved. | Clearly specify if you are or are not involved in data collection, analysis and/or reporting. Highlight any non-conflicted individuals involved in these aspects of the research project especially if they are non-junior to you. |
| Do you have private access to the data? | Develop a process to share the data in group settings with measures to ensure data integrity. | Describe how you will ensure data integrity. For some ideas, please review [Addressing](https://research.uci.edu/conflict-of-interest/coioc/addressing-coi/) COI Risks. |
| Are there any non-standard publication restrictions? | Collaborate with the Contracts & Grants Officer to negotiate the removal of this language. Publication restrictions create problems with regards to protecting students’ academic progress, fulfilling the University’s public service mission, and export control. | If the publication restrictions are allowed by the C&G Officer, provide a description of the restrictions. |

# Financial Interest Addendum- Form 820

(For Public Health Service/National Institutes of Health and Department of Energy compliant projects)

|  |
| --- |
| **I. BACKGROUND** |
| **Name of Disclosing Individual (DI):** Click here to enter your name. |
| Are you the Director or Co-Director of a UCI Center/Institute/Organized Research Unit/Special Research Project, etc.? (Check one)  No  Yes, UCI Center name: Click here to enter text. |
| Do you have a leadership role related to this conflict of interest? *(Example: Chair of Committee relevant to this conflict)*  (Check one)  No  Yes, full role title: Click here to enter text. |
| (Optional) Admin. Contact Email: Click here to enter text. |
| Research Project Title: Click here to enter text. |
| Proposal Number (*Example: PD 2XXXXX*): Click here to enter KR Proposal Development #. |
| For UCI Subawards/Subcontracts only- Name of the (non-UCI) Prime Award PI: Click here to enter text. |
| IRB Protocol Number: KRP # Click here to enter Protocol #.  Pending Submission |
| **II. ENTITY AND PROJECT** |
| Name of Outside Entity: Click here to enter name of entity. |
| Website of Outside Entity: Click here to enter entity website. |
| **1. Overlap of Entity’s Interests and Research Project** (Check all that apply)**:**  Entity is the Sponsor Entity is the Author of this research project Entity may be interested in licensing Intellectual Property (IP) developed or discovered in this research project Research project involves or relates to Entity’s product or services, either directly or indirectly Research project involves or relates to product or services similar to Entity’s or that competes with Entity’s Entity may be affected by or interested in the results of the research project Entity is providing the following resources (e.g., test materials, data, software apps, equipment, etc.), please list: Click here to enter text.  Other: Click here to enter text. |
| **2. Does the Entity have any interests in existing Intellectual Property (IP) involved in this research project?**  No (skip to section III)  Yes, IP is assigned to the Entity  Yes, IP is assigned to UC Regents &  is licensed to the Entity  is in the process of being licensed to the Entity  Yes, other: Click here to enter text. |
| **2a. Disclosing Individual**  Disclosing individual is an inventor on this above-mentioned IP involved in the research project.   * Provide patent name and number or provisional patent application information: Click here to enter text. * Provide brief non-technical description of the IP: Click here to enter text.   **2b. Purpose of above-mentioned IP in the research project**  Research project is testing/validating the IP  Research project is developing/refining the IP  Research project is utilizing the IP, which is not the focus of the research project  Other, explain: Click here to enter text. |
| **III. DISCLOSING INDIVIDUAL AND PROJECT** |
| **1. Is the Disclosing Individual the Supervisor and/or Faculty Advisor of anyone on this research project?** (Check one)  No, Disclosing Individual does not supervise or advise anyone on this research project - go to question 2.  Yes, complete 1a-1c.  **1a. The Disclosing Individual is the Supervisor and/or Faculty Advisor of the following personnel in this project:** (Check all that apply) |
| Undergraduate students  Graduate students  Postdoctoral fellows  Research Personnel |
| **1b. Are there any restrictions on publications or presentations?**  No  Yes, describe: Click here to enter text.  **1c. Is there a non-conflicted individual of equal or higher rank that co-supervises or co-advises those individuals?**  No  Yes, provide name(s): Click here to enter text. |
| **2. What is the Disclosing Individual’s role on the project?** Check all that apply to the Disclosing Individual. For the tasks checked, indicate if there are any others also performing those tasks by providing their names and titles.  Data collection: Click here to enter names and titles of individuals also performing this task.  Access to project data: Click here to enter names and titles of individuals also performing this task.  Data analysis: Click here to enter names and titles of individuals also performing this task.  Data reporting: Click here to enter names and titles of individuals also performing this task.  Study/project design: Click here to enter names and titles of individuals also performing this task.  Other, describe role: Click here to enter text. / Click here to enter names and titles of individuals also performing this task. |
| **3. To your knowledge, is there anyone else involved in this UCI project that has or will have a financial interest in this Entity?**  No  Yes, describe (who, their financial interest, and their specific role in the project): Click here to enter text. |
| **4. Are there any additional mitigating factors that have been or will be taken to protect the research from bias or the appearance of bias?** (Check all that apply)  Disclosing Individual is not the UCI Principal Investigator or Lead Researcher  Single-blinded/single-masked study/project  Double-blinded/double-masked study/project  Randomized study/project  Multi-center study/project, number of non-UCI sites: Click here to enter text.  Entity is a large company (annual revenue > $100 million and/or has > 500 employees) with many products (> 10 products) unrelated to this research  All results from this project will be made open-sourced  There has been a COI Liaison identified, who will provide additional conflict of interest oversight for this project. See [here](https://research.uci.edu/conflict-of-interest/disc-req/coi-requests/#coi-other-2) for guidance on the COI Liaison. Their duties are outlined in the attached [Liaison Acknowledgment Form](https://research.uci.edu/wp-content/uploads/2021/08/COI-Liaison-Acknowledgement-Form.docx).  Other: Click here to enter text.  None of the above |
| **IV. RESEARCH SAFEGUARDS - COI POINT PERSON AND PROJECT TEAM DISCLOSURE** |
| To promote transparency and best practices at UCI, the Conflict of Interest Oversight Committee is requiring the following steps for new studies starting June 2021:  1.Please identify a non-conflicted, independent individual of equal or higher rank to the Disclosing Individual who can serve as the “COI Point Person,” a person the research project team can contact about any COI related questions or concerns. For more information on the COI Point Person role, click [here](https://research.uci.edu/conflict-of-interest/disc-req/coi-requests/#coi-other-1).  2.Please disclose your related financial interest(s) to the research project team involved in this project, by emailing them about your related financial interests to this project and who the COI Point Person will be. For an example, visit our website [here](https://research.uci.edu/conflict-of-interest/publications/template/). Please submit a copy of that email along with this Addendum for documentation purposes.  **Check one of the following:**  N/A- This research project started before June 2021, when the COI Point Person requirement was implemented.  I attached a copy of the complete email sent disclosing my financial interest to the research project team and identification of the COI Point Person, who is also copied on the email.  Once my team members have been identified, I will send the email disclosing my financial interest and the identification of the COI Point Person to the team involved in this project, with the COI Point Person and [coioc@research.uci.edu](mailto:coioc@research.uci.edu) copied on the email. Proposed COI Point Person Name: Click here to enter text.  Other: Click here to enter text. |
| **V. VERIFICATION** |
| By typing my name below as my signature, I certify under penalty of perjury that this is a complete disclosure of all significant financial interests from this entity related to the specified project and I have used all reasonable diligence in preparing this Addendum, which is true and complete to the best of my knowledge. I also acknowledge that it is my responsibility to disclose, within 30 days, any new significant financial interests obtained during the term of the above project. If required, I also confirm that all research project team members are included in my disclosure email.  For Department of Energy awards only (Not required for PHS/NIH/NSF Awards): I understand that this Disclosure is required to obtain funding from the U.S. Government. I, Click here to enter Full Name and Title, certify to the best of my knowledge and belief that the information contained in this Disclosure Statement is true, complete, and accurate. I understand that any false, fictitious, or fraudulent information, misrepresentations, half-truths, or omissions of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. (18 U.S.C. §§ 1001 and 287, and 31 U.S.C. 3729-3730 and 3801-3812). I further understand and agree that (1) the statements and representations made herein are material to U.S. Government’s funding decision, and (2) I have a responsibility to update the disclosures during the period of performance of the award should circumstances change which impact the responses provided above.  Signature: Click here to type full name certifying the above statements. Date: Click here to enter a date. |
| Notes: The information provided herein may be released or transmitted to the sponsor, including federal agency representatives, and according to the California Public Records Act, may also be released to the public, upon request. These records will be retained per the applicable retention policy or until resolution of any action by the sponsor, whichever is greater. The Office of Research is the office of record. |