# COI Expedited Review

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

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| **I. BACKGROUND** |
| **Name of Disclosing Individual (DI):** Click here to enter your name. |
| Research Project Title: Click here to enter text. |
| Proposal Number: Click here to enter KR Proposal Development #. |
| Outside Financial Entity Name: Click here to enter entity name. |
| **II. PROJECT & FINANCIAL INTEREST UPDATES** |
| **1. For this project, has the scope of work changed over the last 12 months?**  No  Yes, describe: Click here to enter text. |
| **2. Has your financial interest changed over the last 12 months (e.g. new financial interest, increase in income, or change in equity interest)?**  No  Yes, describe: Click here to enter text. |
| **3. Was this project started after June 1, 2021 (the implementation date for the** [**new COI Best Practices Requirement**](https://research.uci.edu/conflict-of-interest/coioc/addressing-coi/#coi-best)?  No  Yes - are there new study team members that need to be informed of this financial interest?  No  Yes, please attach a copy of your email disclosure to any new study team members. For an example, visit our website [here](https://research.uci.edu/conflict-of-interest/publications/). Please submit a copy of that email along with this form. |
| **III. Mitigating Factors** |
| **1. For this project, has there been any changes to the mitigating factors described in the attached document (ex. COIOC Approval email)?**  No  Yes, describe: 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. |
| **IV. VERIFICATION** |
| By typing my name below as my signature, I certify under penalty of perjury that this is a complete disclosure of all significant/disclosable financial interests related to the specified project and that 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 any new significant/disclosable financial interests obtained during the term of the above project.  For Department of Energy compliant awards only (Not required for PHS/NIH 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 above statements. Date: Click here to enter a date. |