

Financial Interests Report

Submitted pursuant to the US Public Health Service, National Institutes of Health Regulation on the Responsibility of Applicants for Promoting Objectivity in Research respecting **Financial Conflicts of Interest (FCOI)**

Last Name

First Name

Role in Clinical Trials: e.g. Investigator, CRP, Research Nurse, Finance, Pharmacy, Treatment Room, Lab, etc.

I am reporting on activities - Check one that applies:

Initial Report

Annual Report

As an addendum to most recent Report

Date

Date

Date

Declarations

1. Yes* No

Financial Interests: Have you, your spousal partner or dependent children (your "Family") received in the past 12 months or do you expect to receive in the next 12 months anything of monetary value including salary or other payments for services (e.g. consulting payments, director fees, honoraria, royalties or other payments for patents or copyrights) from an Entity equal to or greater than \$5,000 that would reasonably appear to be related to your institutional responsibilities?

Exemption: Do not include:

- salary, royalties or other remuneration from CancerCare Manitoba
- income from seminars, lectures or teaching engagements sponsored by, and service on advisory or review panels for, a federal, state, provincial, or local government agency, an institution of higher education, an academic teaching hospital, a medical centre, or a research institute that is affiliated with an institution of higher education
- income from investment vehicles, such as mutual funds and retirement accounts, so long as you or your Family do not directly control the investment decisions made in these vehicles

2. Yes* No

Equity Interests: Do you or a member of your Family:

a) own or anticipating owning stock, stock options or other ownership interests with a monetary value of \$5,000 or more from a publicly-traded or privately-owned entity where such interests would reasonably appear to be related to your institutional responsibilities? *(For stock in non-publicly traded entities, use the most recent sales price recognized by the Entity.)*

b) own or anticipate owning greater than 5% ownership interest in any single Entity where its monetary value could be affected in any way as a result of your institutional responsibilities?

If yes to 2a and/or 2b, provide information on the nature of these interests on a separate page.

Exemption: Do not include equity interests in investment vehicles, such as mutual funds and retirement accounts, so long as you or your Family do not directly control the investment decisions made in these vehicles.

3. Yes* No

Travel: Has any Entity reimbursed travel or sponsored travel for you that would reasonably appear to be related to your institutional responsibilities?

Exemption: Do not include travel that is reimbursed by a federal, state, provincial, or local government agency, institution of higher education, academic teaching hospital, medical centre, or a research institute that is affiliated with an institution of higher education.

* If Yes, complete the Financial Information section on page 2.

Certification:

I have read and understand the Financial Conflict of Interest (FCOI) requirements under the US Public Health Service (PHS), National Institutes of Health (NIH) Regulation on the Responsibility of Applicants for Promoting Objectivity in Research and have completed this report to the best of my knowledge and belief. I understand that completing and signing this Declaration does not exempt me from any other requirements determined by the PHS, NIH, or from any other CCMB policies and procedures, as appropriate. Should my outside financial or managerial interests, or those of my Family, change in a way that results in different answers to any of the questions asked in this report, I agree to submit a revision.

Date

Signature

Financial Information - complete if you answered Yes to any of the declarations on page 1.

Additional page(s) attached

Addition to Financial Interests Report of:

Reporting for Self Family Member

Name

Relationship

Name of External Entity

Address of External Entity

Type of external relationship: (check all that apply)

- Consultant
 - Speaker
 - Advisory Board or Committee
 - Equity Holdings
 - Governing Board or Officer
 - Intellectual Property Rights
 - Royalty Income
 - Other (describe below)
- _____

Amount of compensation or financial interest in reporting period: _____

If travel paid by Entity:

Destination: _____

Amount \$ _____

CCMB Use Only

I _____ have reviewed this financial interests form and have determined that the significant financial interests (SFI) reported do not represent a financial conflict of interest (FCOI) as it relates to NIH grants.

Signature of Designated Official

Date

Comments or explanatory information

Submit complete form to the CCMB Director of Finance, ON4022c.