The following includes information that is expected for review. The discloser must fill in all information, as requested and this form should not be completed by a proxy on behalf of someone else.Items marked with a red asterisk (\*) require a value before the submit activity can be completed.

|  |
| --- |
| **Before completing this form:**1. [**Identify your review/administrative contact**](https://vpr.harvard.edu/2021/05/18/fcoi/#oair)
2. **[Read the required training](https://vpr.harvard.edu/files/2020/07/oair-policy_training.pdf)**
3. [**Review *What to Include***](https://vpr.harvard.edu/files/2020/07/oair-what_to_include.pdf)
 |

Demographic Information and Training Attestation

1. **\*Name:** Click or tap here to enter text.
2. **\*Institution of Primary Affiliation:** Click or tap here to enter text.
3. **\*Email:** Click or tap here to enter text.
4. **\*Indicate the date you read the** [**Harvard required training**](https://cpb-us-e1.wpmucdn.com/websites.harvard.edu/dist/6/18/files/2020/07/oair-policy_training.pdf) **in its entirety:** Click or tap to enter a date.
5. **\*Relationship with Harvard and reason for disclosing via this form:** Click or tap here to enter text.
6. **Research Project Title:** Click or tap here to enter text.
7. **Harvard GMAS Project Number:** Click or tap here to enter text.
8. **Harvard Principal Investigator Name:** Click or tap here to enter text.

## Institutional Responsibilities

The following questions apply to all your institutional activities.

1. **\*Are you directly involved in the teaching, instruction, or education of students at this institution?**Yes [ ]  No [ ]
2. **\*Are you directly or indirectly involved in any research at this institution? This includes, but is not limited to, being listed on any funding proposal, awarded grant, or research protocol submitted to an Institutional Review Board or Institutional Animal Care and Use Committee.**Yes [ ]  No [ ]

## Disclosure

You are required to provide information on each company / external organization according to the requirements in the Harvard policy and the “[What to Include](https://cpb-us-e1.wpmucdn.com/websites.harvard.edu/dist/6/18/files/2020/07/oair-what_to_include.pdf)” instructions.

1. **\* Based on the requirements regarding what must be reported / included, do you have any outside professional activities and/or other relevant interests to report?**Yes [ ]  No [ ]
2. **If yes to #1 in this section:**
	1. **Describe how the aims of the present research project might overlap with your outside activity(ies). Include if any of your financial interests could reasonably appear to directly and significantly affect the design, conduct or reporting of the proposed research:** Click or tap here to enter text.
	2. **If there may be overlap, how will you keep your interests and obligations to any outside entity separate from your activities related to this institution and the present research project(s)? If there is no overlap, leave blank.**
	Click or tap here to enter text.
	3. **List all entities or organizations**:
	*Click the [+] symbol to the right of the row to add organization/entity names.*

|  |  |
| --- | --- |
| **Organization/Entity Name** | **Detail Section Included with this Form** |
| 1. Click or tap here to enter text.
 | Yes [ ]  No [ ]   |

*For each organization/entity listed, details are required. Provide information on new entity or organization relationship by completing a separate disclosure* [*Details Section*](#_Disclosure_Details) *for each and adding them to the end of this form.*

## Assurance Certification

* I hereby acknowledge that I have read and understand the [Financial Conflicts of Interest Policy](https://files.vpr.harvard.edu/files/vpr-documents/files/harvard_university_fcoi_policy_4_0.pdf) and the [Statement on Outside Activities of Holders of Academic Appointments](https://provost.harvard.edu/statement-outside-activities-holders-academic-appointments) (to the extent that it applies to me and my role at the University), including the requirement to update this report within 30 days of a new outside activity or acquiring a new interest.
* I affirm that the information provided is, to the best of my knowledge, true and complete and does not misstate any facts.
* I will provide any additional information as requested.
* I agree to cooperate in the development of any needed management plan to manage, reduce, or eliminate existing conflicts of interest or conflict of commitment related to my research, teaching and university activities.

**My disclosures are up-to-date and accurate, and I confirm that I understand and agree with the above statements.**

Yes [ ]  No [ ]

|  |  |
| --- | --- |
| **Signature** | **Date signed** Click or tap to enter a date. |

|  |
| --- |
| **After completing this form: The signed copy with all applicable detail addenda must be emailed to** [**your review/administrative contact**](https://vpr.harvard.edu/2021/05/18/fcoi/#oair) **for review.** |

### Disclosure Details

*For each organization/entity listed earlier in this form, details are required. Provide information on new entity or organization relationship by completing this Details Section for each and attaching them to the end of this form.*

**Your name:** Click or tap here to enter text.

1. **\*Organization/Entity Name:** Click or tap here to enter text.
2. **Is this organization publicly traded?** Yes [ ]  No [ ]
3. **Is this organization for profit?** Yes [ ]  No [ ]
4. **Is this organization based outside of the United States?** Yes [ ]  No [ ]
5. **\*Who has the relationship (check all that apply)?**

[ ] Self

[ ] Spouse/Domestic Partner

[ ] Dependent Child

1. **\*Type(s) of relationship(s) with this organization (mark all that apply for all interests with and services for this entity/organization):** Fill in the corresponding section below, based on the type selected.

[ ]  Equity (shares/options) or Ownership Interest

[ ]  Inventorship/Authorship on Intellectual Property (license/royalties)

[ ]  Fiduciary Board Membership

[ ]  Editorial Services

[ ]  Prizes or Awards

[ ]  Reimbursed Travel (including travel paid on your behalf, by a third party)

[ ]  Professional Services or Employment (this relationship type [includes subtypes](#_Professional_Services_or) which require disclosure)

#### Equity (shares / options) or Ownership Interest

Equity includes all types of equity, including (but not limited to): stocks, stock options, or ownership interest in a start-up company, even if the company currently does not have any value (a “paper company”). Equity does NOT include investments in a mutual fund, pension, or other institutional investment vehicles in which you do not exercise control over the investments made.

* + 1. \***Do you own stock in this organization?** Yes [ ]  No [ ]

**If yes; current estimated value of the stock in this organization** (if cannot be readily ascertained, write that in here): Click or tap here to enter text.

* + 1. \***Do you own stock options, partnership holdings, or any other form of equity in this organization?** Yes [ ]  No [ ]

**If yes; current estimated value of the stock options, partnership holdings, or any other form of equity holdings in this organization** (if cannot be readily ascertained, write that in here)**:** Click or tap here to enter text.

* + 1. **Percentage of the company's outstanding interests held:** Click or tap here to enter text.
		2. **\*How the equity was acquired, including if there is a founding relationship:** Click or tap here to enter text.

#### Editorial Services (e.g. journal services, scientific editor services)

Editorial services includes any work, compensated or uncompensated, serving as an editor in any role (journal editor, associate editor, etc.) or as a member of an editorial advisory board for a peer-reviewed journal published by a commercial entity.

1. **\*Estimated value of payments received in the past twelve months (if work was uncompensated, enter $0):** Click or tap here to enter text.
2. **\*Description of services performed:** Click or tap here to enter text.

#### Intellectual Property Rights (e.g. License / Royalties paid directly to individual)

Intellectual property rights and interests (e.g., patents, copyrights), including any income received from the inventor/author's share of any royalties, license fees, maintenance fees, or milestone payments.

1. **\*Payments made through (mark all that apply):**

[ ]  Harvard

[ ]  Non-Harvard institution or entity

**2. \*Estimated value of payments received in the past twelve months (indicate $0 if no income has been received):** Click or tap here to enter text.

**3. \*Description of the invention or other intellectual property, the status of its intellectual property protection (patent, patent application, copyright, trade secret, etc.) and its relationship to the reported entity (e.g. entity is exclusive licensee or co-owner or co-developer):** Click or tap here to enter text.

#### Prizes or Awards

Prizes and awards received directly and not processed through Harvard.

1. **\*Estimated value of payments received in the past twelve months:** Click or tap here to enter text.
2. **\*Description (including award or honor description):** Click or tap here to enter text.

#### Reimbursed Travel (including travel paid on your behalf, by a third party)

Reimbursed travel (Including travel paid on your behalf by a third party).

Note: you need not include travel reimbursements that total less than $5,000 from a single source within a twelve-month period or that come from a U.S. federal, state, or local government agency or a U.S. institution of higher education or affiliated medical center.

1. **Total (or accumulated) estimated value of reimbursed (or directly paid for by a non-Harvard entity) travel in the past 12 months (including airfare, lodging, meals, entertainment, and per diem):** Click or tap here to enter text.
2. **\*Trip information:**
*Click the [+] symbol to the right of the row to add trips.*

|  |  |  |
| --- | --- | --- |
| **Destination(s)** | **Duration of the trip(s) (days)** | **Purpose of the trip(s)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

#### Board of Directors (Fiduciary Board Membership)

Different than a scientific advisory board, any fiduciary Board membership, including Board of Directors, Board of Trustees, Board of Governors, Principal, and Board of Managers. Note that if this service involves compensation in the form of equity, please include “equity” as a relationship type earlier in this form.

 **\*Estimated value of payments received in the past twelve months (if work was uncompensated, enter $0):** Click or tap here to enter text.

#### Professional Services or Employment

Professional services and employment include any paid or unpaid professional activities undertaken for this organization, including but not limited to consulting or advisory role, speaking engagements, or expert witness services. Note that if this service involves compensation in the form of equity, please include “equity” as a relationship type earlier in this form.

1. **\*Category of professional service or activity (mark all that apply, at least one must be chosen):**

[ ]  Research or teaching appointment

[ ]  Employment

[ ]  Executive employment

[ ]  Consulting

[ ]  Membership on a scientific or other advisory board

[ ]  Office in professional organization

[ ]  Non-US government services (including testimony)

[ ]  Paid media appearance

[ ]  Expert witness service

[ ]  Speaking engagement, invited lecture or presentation

[ ]  Conference organized or chaired

[ ]  Paid external reviewer

[ ]  Fellowship or Artist’s Residencies

[ ]  Architecture, planning, and design services

[ ]  Professional jury or exhibition

[ ]  Talent recruitment or development program

1. **\*Estimated value of payments received in the past twelve months (if work was uncompensated, enter $0):** Click or tap here to enter text.
2. **If any or all of this compensation was provided in kind, description of the goods or services provided:** Click or tap here to enter text.
3. **\*Service or activity description (including any position name):** Click or tap here to enter text.

##### Summary

Provide additional details about the entity.

1. **Days during the last 12 months you spent providing services for this organization (may be reported in partial days):** Click or tap here to enter text.
2. **\* Describe the relationship between this entity and your research, teaching, or other University-related activity in which you are involved:** Click or tap here to enter text.
3. **\* Does this entity own, license, market or sell a product or technology that you research as part of your institutional responsibilities)?**Yes [ ]  No [ ]

**If yes; Is this relationship managed by the Harvard Office of Technology Development (OTD)?**

Yes [ ]  No [ ]

**Information about relevant IRB approval for research involving this product or technology (if there is no relevant IRB information, indicate "N/A"):** Click or tap here to enter text.

1. **Describe how this entity may relate to research where you are listed as study staff on the Harvard IRB protocol (including ESTR IRB number or PI name and title):** Click or tap here to enter text.
2. **\* Does this entity fund research in which you participate at Harvard or one of the Harvard affiliates (including hospitals)?**
Yes [ ]  No [ ]
3. **\* Does this entity receive funds (for example via subaward or vendor contract) for research in which you participate at Harvard or one of the Harvard affiliates (including hospitals)?**
Yes [ ]  No [ ]
4. **Additional information about this entity, relationship, or disclosure for consideration by the reviewer:**
Click or tap here to enter text.

*Hover over this text and click the [+] symbol to the right to add disclosure details for another organization / entity.* 🡺