Benjamin Rose

Public Health Service (PHS) Conflict of Interest Disclosure Form

Purpose: This form is used to disclose any significant financial interests (SFI) that could reasonably affect the design, conduct, or reporting of PHS-funded research.

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1. Personal Information

Name:	Position/Title:
Department:	Project Name:
PHS Grant Number (if applicable)	

2. Financial Interests

A. Compensation or Payments
Do you or an immediate family member receive compensation > $5,000/year from any entity that may have an interest in this research?
☐ Yes ☐ No
If yes, describe:

B. Equity Interests
Do you or an immediate family member have equity, stock options, or other ownership > $5,000 or >5% in any entity that may have an interest in this research?
☐ Yes ☐ No
If yes, describe:

C. Intellectual Property
Do you or an immediate family member have patents, copyrights, or royalties related to this research?
☐ Yes ☐ No
If yes, describe:

D. Other Interests
Do you or an immediate family member have any other financial or personal interests that could reasonably affect the research?
☐ Yes ☐ No
If yes, describe:

3. Certification

I certify that the information provided above is complete and accurate to the best of my knowledge. I agree to update this disclosure promptly if new significant financial interests arise.

Signature:	Date:

4. For Organizational Use Only

Reviewed by:	Date:

Conflict Identified: ☐ Yes ☐ No

Management Plan (if applicable):

This form should be:

- Used prior to starting research,
- Updated annually, and
- Updated within 30 days if new interests arise.