**RAP Form  
Conflicts of Interest In Research**

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| **Purpose:** This form is used to evaluate whether a conflict of interest between a research team member and the proposed research needs to be considered when reviewing the human subject research aspects of the study.  It is the University of Oregon’s policy to work with investigators to mitigate, manage, or eliminate conflicts of interest in research. If there is an identified conflict or potential conflict, Research Compliance Services (RCS) will partner with the Principal Investigator, Institutional Review Board (IRB) and/or Conflict of Interest in Research Committee (COIRC) to understand and manage the conflicts of interest (COIs) appropriately.  ***NOTE: If the research is externally funded,*** *f*ederal regulations and university policies require a separate Financial Conflict of Interest (FCOI) declaration submitted through Sponsored Project Services (accessed through [EPCS](https://orsa.uoregon.edu/epcs/loginform.cfm?CFID=2114511&CFTOKEN=46198250)) for all researchers responsible for the design, conduct, or reporting of externally funded research.   * The FCOI declaration should be submitted prior to filling out this attachment. * Any change to FCOI declaration information requires a re-submission within 30 days of the change.   For more information on federal regulations and UO policies on conflicts of interest, visit the [RCS website](https://research.uoregon.edu/manage/research-integrity-compliance/human-subjects-research/application-research-human-subjects) or contact RCS by [email](mailto:ResearchCompliance@uoregon.edu) or phone (541-346-2510). |

**Instructions:** This attachment must be completed individually by the Principal Investigator (PI), Faculty Advisor, and *each person having responsibility for the design, conduct, and/or reporting of the research*. Individuals are responsible for notifying the PI of any changes to their COI form.

* The PI must keep completed copies of all protocol investigators’ COI forms for their records.
* The PI must review, at least annually, this form with all applicable personnel and promptly report any changes to the IRB.
* The PI must **include this form with their human subject research applications submitted through the RAP only when**:
  + New research personnel *have identified a real, perceived, or potential conflict of interest on their form*. Submit the form(s) with either the Initial Review application or the Amendment Application materials.
  + Existing personnel who have identified a change to a real, perceived, or potential conflict of interest on their form. Submit the form(s) with an Amendment Application.

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| 1. Study Title and Researcher Information | | | |
| Study Title: |  | | |
| Study Principal  Investigator (PI): |  | Protocol Number, if known: |  |
| Your Name: |  | Yes  No | Are you submitting this as a result of any change(s) to your previously disclosed conflict of interest? |

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| 1. General Conflicts of Interest | | |
| * 1. Do you have a pre-existing relationship or affiliation with any of the external entities or their staff, or subjects (or potential subjects) affiliated with this research? | | |
| Yes  No | | If “yes,” explain: |
| * 1. Have you been involved with the development of any materials or products affiliated with this research? If yes, explain: | | |
| Yes  No | | If “yes,” explain: |
| * 1. Have you benefited or do you stand to benefit from the research or commercialization of its findings? | | |
| Yes  No | | If “yes,” explain: |
| * 1. Is there anything about your involvement with this research that may appear to outsiders to be a conflict of interest? | | |
| Yes  No | | If “yes,” explain: |
| * 1. If you have answered “Yes” to questions 1-4 in Part II above, please explain your research role: | | |
| ☐ n/a | Role in Research: | |

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| 1. Financial Conflicts of Interest | | |
| * This section is related to financial interests that **belong to you, your spouse, your domestic partner, or your dependent children and are related to this human subjects protocol**. Financial interests that are unrelated to this protocol do not need to be disclosed (e.g., an education researcher’s financial interest in a local coffee business would not need to be disclosed). | | |
| * 1. Have you completed University of Oregon’s [FCOI declaration through EPCS](https://researchadmin.uoregon.edu/epcs/) within the last 365 days? | | |
| Yes  No | | If “yes”, skip the remainder of this section and proceed to Part IV: Certification.  If “no”, complete questions 2-7 below. |
| * 1. Do you, your spouse, your domestic partner, or your dependent children have or plan to have consulting arrangements, responsibilities, receipt of honoraria, or income from any external entities associated with this research? | | |
| Yes  No | | If “yes,” explain: |
| * 1. Do you, your spouse, your domestic partner, or your dependent children have or plan to have a financial relationship, such as equity holdings or stock/stock options as payment, with any external entities associated with this research? | | |
| Yes  No | | If “yes,” explain: |
| * 1. Do you, your spouse, your domestic partner, or your dependent children serve or plan to serve as a member of an advisory board or participate in any fiduciary or management role with any external entities associated with this research? | | |
| Yes  No | | If “yes,” explain: |
| * 1. Do you, your spouse, your domestic partner, or your dependent children receive or plan to receive any gifts or funds from any external entities associated with this research? | | |
| Yes  No | | If “yes,” explain: |
| * 1. Do you, your spouse, your domestic partner, or your dependent children have or plan to have an ownership, royalty or other interest in any intellectual property associated with this research? | | |
| Yes  No | | If “yes,” explain: |
| * 1. If you have answered “Yes” to questions 2-6 in Part III above, please explain your research role: | | |
| n/a | Role in Research: | |

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| 1. Certification | | | | |
| * I certify that I will comply with applicable federal regulations and University of Oregon's policies and procedures, as well as any IRB requirements related to Conflicts of Interest and this human subjects protocol. I further certify that I have disclosed outside activities and/or financial interests that do, have the potential to be, or appear to be a conflict of interest between myself and this research. | | | | |
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| Researcher Signature Date   * *Electronic signatures are acceptable. You may type in your name.* * *Return this completed form to the PI for submission to RCS.* | | | | |