**RAP Form  
HUMAN SUBJECT RESEARCH Conflict of Interest (COI)**

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| **Purpose:** This conflict of interest (COI) form is used to determine if there is a conflict of interest between a research team member and the human subject research. If there is an existing 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 COIs appropriately. |

**Instructions:**

* PI distributes this form to **every** member of the research team (including non-UO collaborators) on the study.
* PI collects and reviews **all** COI forms from all study team members.
* PI uploads COI forms with the study submissionto the RAP (see [attachment guidance](https://research.uoregon.edu/sites/research2.uoregon.edu/files/2021-01/RAP%20Guidance%20-%20Attachments.pdf)) **ONLY** when:
  + Research personnel have identified a real, perceived, or potential conflict of interest on their form.
  + Existing personnel have identified a change to a real, perceived, or potential conflict of interest on their form. **Individuals are responsible for notifying the PI of any changes to their COI form.**
* The PI must **retain all completed COI forms** with their study records.

**NOTE:** This COI form/process is different from, and does not replace, disclosures required under the UO’s [Financial Conflict of Interest in Research policy](https://policies.uoregon.edu/vol-2-academics-instruction-research/ch-6-research-general/research-financial-conflict-interest), or [Conflict of Interest, Conflict of Commitment and Outside Activities policy](https://policies.uoregon.edu/vol-1-governance/ch-2-legal-affairs/conflict-interest-conflict-commitment-and-outside-activities).

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| 1. Study Title and Researcher Information | | | |
| Study Title: |  | | |
| Study Principal  Investigator (PI): |  | Protocol Number, if known: |  |
| Your Name (and institution if not UO): |  | **Are you submitting this as a result of any change(s) to your existing HSR COI form?** | Yes  No |

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| 1. General Conflicts of Interest | | |
| * 1. Do you have a pre-existing relationship or affiliation with any external entities or their staff, or subjects (or potential subjects) affiliated with this research? | | |
| Yes  No | | If “yes,” explain: |
| * 1. Have you benefited or do you stand to personally benefit from the research or commercialization of any materials or products affiliated with this research and/or 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 answered “Yes” to questions 1-3 above, please explain your research role: | | |
| n/a | Role in Research: | |

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| * 1. If you answered “Yes” to questions 1-3 above, and you have an existing management plan in place to manage the conflict, please provide more information, including what institution developed the plan and whether the plan has a step related to human subjects research: | |
| n/a | Additional information: |
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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 study. I further certify that I have disclosed outside activities and/or interests that do, have the potential to be, or appear to create 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.* | | | | |