

## Financial Interest Form: Screening Questions

If a PHS financial disclosure is required by the sponsor, but the screening questions are not available at proposal stage, fill out the appropriate sections on this form. For more information and links to all policies and procedures related to financial disclosure, see the [Indivior Conflict of Interest Committee website](#)

THIS SUBMITTAL is for a:  New Disclosure  Annual Reporting/Non-Competing Continuation  
 Renewal/Competing Continuation  Supplement Which Includes Time Extension  
 No-Cost Time Extension  Updated Disclosure  Addition of Investigator  Change in PI

Principal Investigator Name: \_\_\_\_\_ Email: \_\_\_\_\_

Academic Department: \_\_\_\_\_

Project Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Proposal Number (if New Disclosure): \_\_\_\_\_

Agency Award Number (if other Disclosure): \_\_\_\_\_

**Next:** Fill out and sign the appropriate section on this form:

- **PHS Financial Interest Screening Questions section**

### PHS Financial Interest Screening Questions

**Explanation:** This form must be completed for Public Health Service (PHS) or any agency or organization that have adopted PHS disclosure requirements.

**The PI is responsible for answering “Yes” or “No” the following question on behalf of all Indivior personnel (including the PI) who meet the definition of an investigator and are involved in the proposed project.**

Do you, your spouse, your registered domestic partner and/or your dependent child(ren) have any of the following financial interests related to your institutional responsibilities?

- Receipt of income or other payment for services over the past 12 months from and/or equity interest(s) in a publicly traded entity totaling more than \$5,000
- Receipt of income or other payment for services over the past 12 months from a non-publicly traded entity totaling more than \$5,000
- Any equity interest(s) in a non-publicly traded entity, regardless of value
- Receipt of payments for any intellectual property rights and interests (e.g., from patents, copyrights assigned to any entity other than the Regents) totaling more than \$5,000
- Reimbursed or sponsored travel that exceeds \$5,000 per entity (excluding U.S. governmental agencies or U.S. institution of higher education)

Did any investigator involved in this proposed project (including the PI) answer “Yes” to the above question?

**No**

**Yes:** If “yes”, list the names of the individuals in the box below:

*Attach additional sheets as required.*

#### Certification by Principal Investigator

I certify that this is a complete disclosure of all financial interests related to this submission or transaction.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_