

Disclosure of Significant Financial Interest Instructions

To add a SFI when your disclosure has NO significant financial interests

Step 1: Modify/Recertify

When you log into your financial disclosure, click on the Modify/Recertify button at the top of your disclosure to be able to re-certify your disclosure. This will allow you to make changes to your disclosure

UA Disclosure of Significant Financial Interest

My Disclosure	
View Submitted Disclosure	
Disclosure Options: Modify / Recertify Disclosure View Summary Expand All 	
Reporter:	
Tugade, Victoria Ryan	EMPLID:
Officer, Conflict of Interest	Affiliation: Staff
VP for Research Office	Status: A
gibbinsv@email.arizona.edu	Phone: (520) 626-8266

Step 2: Training

Complete your conflict of interest training.

If you have already completed training, the training checkbox will already be checked and your disclosure will state "Training Certified" and provide the date you completed your training on the right side of the Conflict of Interest Training box.

Conflict of Interest Training: use this section to complete your required training

Please review the presentation provided below. After reviewing the training material provided, please complete the certification for this section of your disclosure.

 [Open Conflict of Interest Training module](#)

certify that I have reviewed the provided training material, in accordance with the University's conflict of interest training requirements.

Please note: if you check this box, you are certifying that you have reviewed the provided training material in its entirety and as such, have completed the University's conflict of interest training requirement. You must complete the training in order to certify and submit your full disclosure.

Training Certified 07/14/2014

If you have not yet completed training the statement on the right side of the training box will state "Training not yet Certified." Please launch the conflict of interest training module and, after you have reviewed the module in its entirety, please check the certification box to certify that you have reviewed the training materials and completed your training requirement.

Conflict of Interest Training: use this section to complete your required training

Please review the presentation provided below. After reviewing the training material provided, please complete the certification for this section of your disclosure.

 [Open Conflict of Interest Training module](#)

I certify that I have reviewed the provided training material, in accordance with the University's conflict of interest training requirements.

Please note: if you check this box, you are certifying that you have reviewed the provided training material in its entirety and as such, have completed the University's conflict of interest training requirement. You must complete the training in order to certify and submit your full disclosure.

If you have already taken the training and your disclosure does not reflect your completed training, please contact the COI Office 520-626-7879

Training not yet Certified

Step 3: Financial Entities

If you have no changes to make, simply check the box indicating that you have no changes.

Financial Entities: Use this section to report Financial Entity information

"Financial Entities" in this form means "significant financial interests" (for the previous 12-month period) as defined in the University's policy on Investigator Conflict of Interest in Research [Show definition of Significant Financial Interests](#)

No Financial Entities Defined

Add Financial Entity

I certify that I have no significant financial interests (as defined in the University's ["Policy on Investigators Conflict of Interest in Research"](#)) to report, change, or update.

Please note: If you check this box, you are not required to provide any information regarding your participation in proposals, projects, or protocols. You must check the certification button at the bottom of this screen and then re-certify this disclosure annually or sooner if you acquire significant financial interests that might be considered related to your institutional responsibilities.

The financial entity console will appear. Please fill in all of the information relating to your financial entity. NOTE: There are help guides in the disclosure system to provide guidance while filling out the disclosure.

Financial Entity Console | Enter the company information in this section. Sections with an * are required fields. Add New Financial Entity

*Entity Name				*Entity Type: Not Selected..	<input type="text"/>
Entity Address 1				*Status Code: Not Selected..	<input type="text"/>
Entity Address 2				*Public/Private Held	Not Selected.. <input type="text"/>
Entity Address 3				*Relationship Description	use this section to describe the activities you perform for the entity (e.g., I provide consulting services for Product X; I serve on the board; I have a ownership interest; etc.)
City				*Entity Principal Business Activity	use this section to detail the principal business activities of the entity.
State	Not Selected..	<input type="text"/>			
Country	United States	<input type="text"/>			
Zip Code					
Web Site					

Select all relationship details that apply to the activities with the entity.

Relationship Details	Self	Spouse/Domestic Partner	Dependents	Explanation
		<input type="checkbox"/> No such person	<input type="checkbox"/> No such person	explanation is required for any section in which you have indicated you have a relationship
<i>Selecting "no such person" will close these columns</i>				
Ownership Interests				
Ownership Interest: Equity	Not Selected.. <input type="text"/>	Not Selected.. <input type="text"/>	Not Selected.. <input type="text"/>	
Ownership Interest: Remuneration	Not Selected.. <input type="text"/>	Not Selected.. <input type="text"/>	Not Selected.. <input type="text"/>	
Offices and Positions				
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Board Member	Not Selected.. <input type="text"/>	Not Selected.. <input type="text"/>	Not Selected.. <input type="text"/>	
Other Managerial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Remunerative Activities				
Compensation for Services	Not Selected..	Not Selected..	Not Selected..	
Royalty Income	Not Selected..	Not Selected..	Not Selected..	
Loan Transactions	Not Selected..	Not Selected..	Not Selected..	
Other Intellectual Property Rights Income	Not Selected..	Not Selected..	Not Selected..	

Attachments: Upload PDF .. save and return to SFI when this section is complete

Optional: Upload a PDF of any information you feel will help in the review of the entity.

Step 4: Proposals and Awards

Once you add an SFI to your disclosure the system will pull any proposals and awards that you are named on from UAccess Research.

- If you have projects that are not populated, please contact the COI office so that we can add the projects for you.
- If you have proposals or awards in your disclosure that should not be there (e.g., you are not on that project, the proposal was not funded, etc.) please use the “Set as not required” option for that project. Please note that the COI office will review this designation and may contact you if there is an issue with the project.

Complete the questionnaire for each project in your disclosure.

COI Console | Add/Edit Tooltips | Add New Award/Proposal

Project Information for this section is populated by UAccess Research proposal and award data

*Project Title	Project 1	*Project Type	Proposal: New
*PI Name (Last, First M)	Smith, John	*Sponsor Name	Federal Agency
Sponsor Award Number	123456	*Sponsor Type	Federal
Project Start Date	07/01/2014	Project End Date	06/30/2017
Prime Sponsor Name		Prime Sponsor Number	
Project Funding Amount	500000.00	<input type="checkbox"/> SBIR/STTR (Phase I)	

Questionnaire:

*What is your role in the research to be conducted on behalf of the UA? Show Investigator Definition

Select your role on the project from the drop down options

Provide a detailed description of your activities related to the UA research:

use this section to provide details about the activities you will be performing on the project

Does the research to be conducted on behalf of the UA involve the testing of any drugs, devices, assays, biologics, software, equipment, products, procedures, materials or other technology belonging to, or with significant financial impact on, your significant financial interest?

Yes No  select the appropriate answer to each of the next three questions. Note: your response may prompt additional questions to appear in the section. Please answer each question accordingly

Is this human subjects research? 

Will any UA students, postdoctoral fellows, or other trainees participate in the design, conduct, or reporting of this research? 

Abstract:  Optional: if you have a copy of the project abstract or scope of work please attach it here.

*Upload a copy of the Abstract (required)  Upload..

 select the box for any statement that applies to your financial interest's relatedness to this research project. You can select as many answers as appropriate or select "None of these options are applicable."

Entity Name	Relatedness: please select all that apply to the relationship between the entity and the project.								
Test 1	<table border="0"> <tr> <td><input type="checkbox"/> Entity is sponsoring/supporting the research.</td> <td><input type="checkbox"/> Products/technologies/activities of the entity are related to the subject of the research.</td> </tr> <tr> <td><input type="checkbox"/> Entity owns or licenses the products/technologies being evaluated, studied or utilized.</td> <td><input type="checkbox"/> Research results could affect the value of the entity or related interest.</td> </tr> <tr> <td><input type="checkbox"/> Research involves Intellectual Property (IP) invented or developed by you.</td> <td><input type="checkbox"/> None of these options are applicable.</td> </tr> <tr> <td><input type="checkbox"/> Research is designed to support new indications or applications of IP invented by you.</td> <td></td> </tr> </table>	<input type="checkbox"/> Entity is sponsoring/supporting the research.	<input type="checkbox"/> Products/technologies/activities of the entity are related to the subject of the research.	<input type="checkbox"/> Entity owns or licenses the products/technologies being evaluated, studied or utilized.	<input type="checkbox"/> Research results could affect the value of the entity or related interest.	<input type="checkbox"/> Research involves Intellectual Property (IP) invented or developed by you.	<input type="checkbox"/> None of these options are applicable.	<input type="checkbox"/> Research is designed to support new indications or applications of IP invented by you.	
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<input type="checkbox"/> Research involves Intellectual Property (IP) invented or developed by you.	<input type="checkbox"/> None of these options are applicable.								
<input type="checkbox"/> Research is designed to support new indications or applications of IP invented by you.									

Attachments:  Upload PDF ..  save and return to SFI disclosure when complete.

 Optional: upload any information about the entity.

Step 5: Non-Sponsored (Un-sponsored Activity)

Use this section to add any research projects you are working that are not processed through Sponsored Projects Services.

Non-Sponsored (Un-sponsored Activity): Use this section to enter Non-Sponsored activity information

No Non-Sponsored (Un-sponsored Activity) added

 Add Non-Sponsored (Un-sponsored Activity)  select the + symbol to add a non-sponsored research project

COI Console | Add/Edit Tooltips | Add New Award/Proposal

Project  fill in the requested project information for this section

*Project Title	<input type="text"/>	*Project Type	<input type="text"/>
*PI Name (Last, First M)	<input type="text"/>	*Sponsor Name	<input type="text"/>
Sponsor Award Number	<input type="text"/>	*Sponsor Type	<input type="text"/>
Project Start Date	<input type="text"/>	Project End Date	<input type="text"/>
Prime Sponsor Name	<input type="text"/>	Prime Sponsor Number	<input type="text"/>
Project Funding Amount	<input type="text"/>	<input type="checkbox"/> SBIR/STTR (Phase I)	

Questionnaire:

*What is your role in the research to be conducted on behalf of the UA?  Show Investigator Definition

 select your role on the project from the drop down options

Provide a detailed description of your activities related to the UA research:

use this section to provide details about the activities you will be performing on the project 

Does the research to be conducted on behalf of the UA involve the testing of any drugs, devices, assays, biologics, software, equipment, products, procedures, materials or other technology belonging to, or with significant financial impact on, your significant financial interest?

Yes No  select the appropriate answer to each of the next three questions. Note: your response may prompt additional questions to appear in the section. Please answer each question accordingly

Is this human subjects research?

Yes No 

Will any UA students, postdoctoral fellows, or other trainees participate in the design, conduct, or reporting of this research?

Yes No 

Abstract:  Optional: if you have a copy of the project abstract or scope of work please attach it here.

*Upload a copy of the Abstract (required)  Upload..

 select the box for any statement that applies to your financial interest's relatedness to this research project. You can select as many answers as appropriate or select "None of these options are applicable."

Entity Name	Relatedness: please select all that apply to the relationship between the entity and the project.	
Test 1	<input type="checkbox"/> Entity is sponsoring/supporting the research. <input type="checkbox"/> Entity owns or licenses the products/technologies being evaluated, studied or utilized. <input type="checkbox"/> Research involves Intellectual Property (IP) invented or developed by you. <input type="checkbox"/> Research is designed to support new indications or applications of IP invented by you.	<input type="checkbox"/> Products/technologies/activities of the entity are related to the subject of the research. <input type="checkbox"/> Research results could affect the value of the entity or related interest. <input type="checkbox"/> None of these options are applicable.

Attachments:  Upload PDF ..  save and return to SFI disclosure when complete.

 Optional: upload any information about the entity.

Step 6: IRB Protocols

Use this section to add your IRB protocols.

NOTE: if you have entered the protocol information as part of a proposal or award in the Award/Proposal section, you do **not** need to re-enter it in this section.

IRB Protocol: Use this section to enter IRB Protocol activity information

No IRB Protocols have been added

 Add IRB Protocol  select the + symbol to add an IRB Protocol

IRB:

fill in the IRB protocol information

*Protocol Lead Investigator (Last, First M)	<input type="text"/>
IRB Project Number	<input type="text"/>
*Project Title	<input type="text"/>
Sponsor Name	<input type="text"/>

Questionnaire:

*What is your role in the research to be conducted on behalf of the UA? [Show Investigator Definition](#)

select your role on the project from the drop down options

Provide a detailed description of your activities related to the UA research:

use this section to provide details about the activities you will be performing on the project

Does the research to be conducted on behalf of the UA involve the testing of any drugs, devices, assays, biologics, software, equipment, products, procedures, materials or other technology belonging to, or with significant financial impact on, your significant financial interest?

Yes No

select the appropriate answer. Note: an additional questionnaire may appear depending on response here.

Provide the IRB approval number: (you can enter 'Not yet applied' for this field)

if you have an IRB approval enter it here. If you have already applied for IRB, attach the application where indicated.

Provide a copy of the IRB application if IRB review is still pending. [Upload..](#)

Are you involved in the recruitment, selection, referral, care, and/or consenting of the human subjects participating in the study?

Yes No

select the appropriate answer for each of the next four questions.

Does the subject consent form include a disclosure of your personal financial interest?

Yes No

Note: your response may prompt additional questions to appear.

Is this clinical research?

Yes No

Will any UA students, postdoctoral fellows, or other trainees participate in the design, conduct, or reporting of this research?

Yes No

select the box for any statement that applies to your financial interest's relatedness to this research project. You can select all that apply or "None of these..."

Entity Name

Relatedness: please select all that apply to the relationship between the entity and the project.

Test 1	<input type="checkbox"/> Entity is sponsoring/supporting the research.	<input type="checkbox"/> Products/technologies/activities of the entity are related to the subject of the research.
	<input type="checkbox"/> Entity owns or licenses the products/technologies being evaluated, studied or utilized.	<input type="checkbox"/> Research results could affect the value of the entity or related interest.
	<input type="checkbox"/> Research involves Intellectual Property (IP) invented or developed by you.	<input type="checkbox"/> None of these options are applicable.
	<input type="checkbox"/> Research is designed to support new indications or applications of IP invented by you.	

Attachments: [Upload PDF ..](#)

save and return to SFI disclosure when complete.

Optional: upload any information about the entity

Cancel

Save and return to SFI disclosure

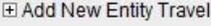
Step 7: Public Health Service (PHS) Travel Disclosure

If you do **not** receive any funding from PHS select NO

Travel Disclosure: *Use this section to enter Public Health Service (PHS) Investigator travel information*

Are you a PHS funded Investigator?

Yes No 

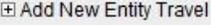


If you do receive any funding from PHS select YES

Travel Disclosure: *Use this section to enter Public Health Service (PHS) Investigator travel information*

Are you a PHS funded Investigator?

Yes No 



When you select Yes, a second question will appear, asking if you have any travel to report.

If you do not have travel to report select NO and then select the “Save and return to SFI disclosure” button.

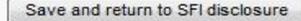
COI Console | Add New Travel Disclosure

Please provide information for each Travel Sponsor that has provided payments or reimbursements for travel costs that, together with other income from the same source under Financial Entity, provide a COMBINED total of \$5,000 or more in the previous twelve months.
[NOTE: Refer to the policy definition for 'Exclusions from significant financial interest' to determine which Travel Sponsors are exempt from this reporting requirement. [Show definition of Significant Financial Interests](#)]

Do you have travel to report at this time?

Yes No 

Attachments:  Upload PDF ..



If you do have travel to report, select YES

The box will expand to include a travel disclosure questionnaire. You will need to add a financial entity to your disclosure for this section. When creating the financial entity for the purposes of creating a travel disclosure, please **be sure to select** “PHS Travel Only” in the “Status Code” option. This will populate the entity information for your travel disclosure and nothing else.

COI Console **Add New Travel Disclosure**

Please provide information for each Travel Sponsor that has provided payments or reimbursements for travel costs that, together with other income from the same source under Financial Entity, provide a COMBINED total of \$5,000 or more in the previous twelve months.
 [NOTE: Refer to the policy definition for 'Exclusions from significant financial interest' to determine which Travel Sponsors are exempt from this reporting requirement. [Show definition of Significant Financial Interests](#)]

Do you have travel to report at this time?

Yes No

Travel Disclosure (PHS):

Name of the Financial Entity reimbursing or sponsoring your travel:

*Financial Entity	<input type="text"/>	
* Make sure Financial Entity is added in the Financial Entity section before adding travel information.		
*Total Amount for this Entity	<input type="text"/>	

For all of your travel reimbursed or sponsored by this same entity or by a parent or subsidiary of this entity:

*Purpose of Travel	<input type="text"/>	
*Travel Location (city/country)	<input type="text"/>	
*Frequency and Duration of Travel	<input type="text"/>	

Does any of this travel sponsorship include reimbursement beyond the scope of the professional activity? Yes No

Examples include, but are not limited to: travel costs for family members, travel not connected with (or more extensive than) a meeting that is necessary for the conduct, study, or for performance of other institutional activities.

Add Travel for Financial Entity

Attachments: Upload PDF ..

Step 8: Submit

After completing all of the required sections, check the box to certify your disclosure and click on Save & Submit.

Certification

I certify under penalty of perjury under the laws of the State of Arizona that I have used all reasonable diligence in preparing this statement and that it is true and complete to the best of my knowledge. (as defined in the University's ["Policy on Investigators Conflict of Interest in Research"](#))

If you have any trouble or need any assistance while completing your disclosure please contact the COI Office 520-626-7879.