McLaughlin Research Institute
Financial Conflict of Interest Disclosure - Form 1

McLaughlin Research Institute (MRI) recognizes that relationships with external entities can be useful in many ways. MRI encourages these relationships as they enhance personal competency and benefit the community and the institution. However, these relationships can create the potential for conflict of interest where an individual’s financial or personal considerations may affect or appear to affect their MRI activities related to externally sponsored programs. The identification of real or apparent conflict of interest does not necessarily imply any improper activities or motives on the part of the individual.

**What is a Financial Conflict of Interest?**
A financial conflict of interest occurs when there is a divergence between an individual’s private interests and his or her professional obligations to MRI such that an independent observer might reasonably question whether the individual’s professional actions or decisions are determined by considerations of personal gain. Potential and actual financial conflicts of interest depend on the situation and both must be managed accordingly.

**What is the purpose of this form?**
This form seeks to identify financial conflicts of interest that must be managed:
- to help assure the ethical, non-biased conduct of research and sponsored programs,
- to address federal regulations governing externally-sponsored programs, and
- to help protect both the institution and investigators in limiting their liabilities in the conduct of institution-affiliated activities.

**Who should complete this form?**
All MRI Principal Investigators (PIs) and any senior/key personnel. Senior/key personnel is defined as any individual, regardless of title, responsible for the design, conduct, or reporting of externally funded research.

**When do I complete this form?**
At the time of proposal submission and annually prior to June 30, a new Financial Conflict of Interest Disclosure Form must be completed by PIs and senior/key personnel. If circumstances change, a PI or senior/key personnel must immediately submit a new form or updated disclosure.

**Where do I send the completed form?**
You may email cbeery@mri.montana.edu; fax the form to 406-454-6019, send via email, or hand-deliver to McLaughlin Research Institute, Financial Officer, 1520 23rd Street South, Great Falls, MT 59405.

**Where can I learn more about FCOI regulations?**
Name: __________________________  Title/Rank: __________________________

Department/Other Unit: ________________________________________________

1. Read MRI’s Financial Conflict of Interest Policy

2. Do you, your spouse, domestic partner and/or dependent children, alone or in combination have a significant financial interest in an entity that:

- Has products, services, or research interests that could reasonably appear to affect your institutional responsibilities, research or sponsored program,
- Sponsors your research or your program,
- Sells goods or services to the Institute that will be used in your research or sponsored program,
- Has made or pledged a gift to the Institute / that supports your institutional responsibilities, research or sponsored program, or
- Has another involvement in your institutional responsibilities, research or sponsored program (such as a consulting agreement)?

A significant financial interest can be:
- If a publicly-traded company, and the value of the past 12 months remuneration + value of current equity exceeds $5,000 or
- If a non-publicly-traded company (e.g. startup), and the value of the past year’s remuneration exceeds $5,000 or the investigator holds any equity interest
- Intellectual property rights and interests (e.g. patents, copyrights), upon receipt of income related to such rights and interests

Excludes: Work for government entities or an institution of higher education or mutual funds so long as the investigator does not directly control the investment decisions made in these vehicles.

☐ No, I have nothing to report. Checking No indicates disclosure is complete. Please sign and submit this form to MRI’s Financial Officer. You do not need to complete the Financial Details Disclosure Form (Form 2).

☐ Yes, a detailed description of the nature and amount of all financial interests will be submitted to MRI’s Financial Officer for each external entity in which there is a significant financial interest. Please sign this form and submit it along with the Financial Details Disclosure Form (Form 2) to MRI.

3. Have you applied for or do you have current funding from PHS? ☐ Yes ☐ No

PHS—Public Health Service— includes FDA, NIH, CDC, SAMHSA, etc. If you answered “yes” to question 3, new federal regulations require you to complete a supplemental disclosure form.

Investigator’s Assurance:
I have read and will abide by MRI’s Financial Conflict of Interest Policy and assure that the above and attached information is true to the best of my knowledge. I agree:
- to provide any additional information requested by MRI
- to notify MRI immediately if there are any changes to this information
- to cooperate in the development and implementation of an appropriate Management Plan if needed

Signed: __________________________ Date: ________

Page 2: FCOI Disclosure – Form 1