

UNIVERSITY OF KENTUCKY  
**Research Financial Interest Disclosure Statement**

This form must be completed by all “investigators,” defined as the principal investigator, co-investigators, and any other University employee who is responsible for the design, conduct or reporting of project activities. The form must be submitted to your dean or director 1) at the time an application is submitted for external research support; 2) prior to submission of intellectual property for registration or filing; 3) at the time an application is submitted for review by the Institutional Review Board.

If the research is not externally funded and involves the use of human subjects, a similar form (Form Y available at: <http://www.research.uky.edu/ori/MedicalFullReviewApplication.htm#sponsored>) must be submitted with the application for Institutional Review Board (IRB) review, rather than this form.

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ College: \_\_\_\_\_  
Title & Position: \_\_\_\_\_ Person ID: \_\_\_\_\_ Email: \_\_\_\_\_  
Campus Telephone Number: \_\_\_\_\_ Dean or Director: \_\_\_\_\_  
Principal Investigator: \_\_\_\_\_ Sponsor: \_\_\_\_\_ Proposal Deadline \_\_\_\_\_  
Proposal Title: \_\_\_\_\_

This Research Financial Interest Disclosure Statement is to be completed in compliance with the University’s “Research Conflict of Interest and Financial Disclosure Policy,” AR II-4.0-4. (<http://www.uky.edu/Regs/files/ar/ar070.pdf>) Please refer to the regulations for definitions of the terms used herein.. Please note, answering “yes” to any of the following questions does not mean the financial interest is inappropriate or improper, it means only that disclosure and evaluation, and in some cases, approval and oversight, are required. For further information, refer to AR II-4.0-4.

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**All thresholds listed below are an aggregate for the investigator, his or her spouse, and dependent children. “You” refers to the investigator, spouse and dependent children.**

**1. Financial Compensation from or Management Responsibilities in Related Businesses** **YES** **NO**

Are you currently receiving income from a business in any way related to or that might be affected by your proposed research activities or transfer of technology, and that when aggregated over the next twelve months is expected to exceed \$10,000? Examples of income include consulting, speaker’s , or other fees, honoraria, gift funds, stocks or stock options as payments, salary, allowance, dividend, rent, capital gain, real or personal property.

**2. Equity Interest in Related Businesses** **YES** **NO**

Are you currently holding financial interests exceeding \$10,000 or 5% ownership in a business enterprise related to your proposed research activities or transfer of technology?

**3. Intellectual Property and Related Businesses** **YES** **NO**

Are you currently entitled to receive compensation from a business enterprise due to intellectual property (e.g. patents, copyrights, or royalty agreements) in any way related to or that might be affected by your proposed research or transfer of technology ?

**4. Other Relevant Financial Interests** **YES** **NO**

Are there any other situations not covered above that might possibly be affected by the research?

***If this research project involves the use of human subjects you must also answer the following questions. Note that the dollar threshold for reporting drops to zero:***

- |   |            |           |
|---|------------|-----------|
| <b>5. Board or Executive Relationships</b>  | <b>YES</b> | <b>NO</b> |
| Are you currently holding or expect to hold a board or executive position with the sponsor of the research or a company with financial interest in the results of the research, regardless of whether you or your immediate family member is or is not receiving compensation for the position? |            |           |
| <b>6. Equity Interest</b>   | <b>YES</b> | <b>NO</b> |
| Are you currently holding equity interest of <u>any</u> value that could be affected by the outcome of the research?  |            |           |
| <b>7. Compensation Received</b>   | <b>YES</b> | <b>NO</b> |
| Are you receiving <u>any</u> type of compensation that could be affected by the outcome of the research?  |            |           |
| <b>8. Conditional Remuneration</b>  | <b>YES</b> | <b>NO</b> |
| Is the remuneration (defined as any form of compensation/benefit in any of the above situations) you receive, dependent (either increased or decreased) on the outcomes of the research? If yes, please explain in a separate document and attach to this form.                                 |            |           |

**If you have answered “yes” to any of the above questions, attach a description of the safeguards you will put in place to protect the welfare of research subjects and ensure that the financial interest does not impact research participants.**

**Please note that you may be asked for more specific information.**

I have read and understood the University of Kentucky’s “Research Conflict of Interest Financial Disclosure Policy”; have made all required financial interest disclosures; will submit a proposal for a Conflict of Interest Management Plan if necessary; and will comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate conflicts of interest regarding my research.

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**Signature**

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**Date**

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**TO BE COMPLETED BY DEAN or CENTER/INSTITUTE DIRECTOR**

**Were any potential conflicts noted?** **YES** **NO**

If **NO**, forward this form to the Office of Sponsored Projects Administration, 109 Kinkead Hall.

If **YES**, refer to AR II-4.0-4. The investigator must propose a management plan to eliminate, reduce or manage the conflict and you may provide assistance. You must review the plan before forwarding to OSPA. The plan will then be provided to the Research Conflict of Interest Committee for review and recommendation to the Vice President for Research for final action.

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**Printed Name:** Dean or Director

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**Signature**

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**Date**

**Place completed disclosure form(s) in a sealed envelope and forward to:**

COI Administrator, Office of Sponsored Projects Administration, 109 Kinkead Hall, Lexington, KY 40506-0057