

Questions on the COI Disclosure Form

What are your roles at IU? Select all roles held at IU – NOTE: the answers to this question determine which of the following sections a reporter must answer.

Researcher - Includes PI, Co-Investigator, or Key Personnel on any research/sponsored project having responsibility for the design, conduct, or reporting of IU research

University Employee - Includes faculty and academic employees; student academic appointees; and staff and temporary employees

IU Health - Includes employees of IU Health or IU Health Physicians

If the role of Researcher is selected the following questions are asked:

1. Research Conflict of Interest

- a. During the last 12 months, did you or your family members receive aggregated compensation, monetary or otherwise, exceeding \$5000 in value from any single external entity (not IU) operating in areas relating to your IU responsibilities?
- b. Did you and/or your family members hold at some point during the past 12 months, any ownership interest in a publicly traded external entity operating in areas relating to your IU responsibilities and which, when aggregated together for all of you, represents an equity interest that exceeds \$5000 in value or 5% ownership of a publicly traded entity?
- c. Did you and/or your family members hold at some point during the past 12 months, an ownership interest in a non-publicly traded external entity operating in areas relating to your IU responsibilities (e.g., a faculty start-up company or family business related to your research)?

If the role of University Employee is selected the following questions are asked:

2. General (Non-Research) Conflict of Interest and Conflict of Commitment

Please select all of the types of outside activities in which you are involved.

- a. I teach academic or professional courses for another university/organization, including but not limited to online teaching.
- b. I provide professional work/consultation outside of IU.
- c. I provide professional service to a society, association, foundation, journal, etc.
- d. I am an owner/member/officer/employee or I have some other financial interest in an outside company/business.
- e. I am engaged in other outside activities involving a significant time commitment (e.g., boards, public office, etc.) or that have the potential to compete with my IU responsibilities.
- f. I participate in research activities not managed through IU.
- g. N/A, I am not involved in outside activities.

Additional questions:

- h. Are you or a family member the inventor of a patent application or any technology that is the subject of an issued patent or has been optioned or licensed to a company, and on which you are continuing to conduct evaluative or developmental research?
- i. Are you in a position in which you supervise or have influence over another University employee with whom you have a personal or familial relationship? Name of that person?
 - i. If yes, do you have an approved nepotism management plan on file?
- j. During the past 12 months were you or a family member a director, trustee, officer, partner (general or limited), employee or agent of, or in any managerial position in any organization which has a contractual relationship with IU?

- i. If yes, might that position influence, or be perceived to influence, your institutional responsibilities at IU?
- k. During the past 12 months or in the next 12 months, have you had, or do you expect to have, an interest in any contract, sale, or other transaction to which IU was or is a party?
- l. Are there other situations not previously listed on this form you think have created or may create an actual or perceived conflict with the interests of the university?

If the role of IU Health is selected the following questions are asked:

3. IU Health Form

- a. Are you employed by IU Health, IUHP, SIP, Ball Memorial Physicians, or Arnett Physicians Group? *If yes, the questions below are asked.*
- b. Do you or your family members hold any significant ownership interests in an IU Health Business Partner or IU Health Competitor? *NOTE: An interest may be in the form of stocks, bonds, partnership or proprietorship stake, or any other recognizable ownership status. Do not disclose any interest held by way of an IU Health-sponsored retirement or savings plan.*
- c. Do you or your family members hold any positions of governance, employment or other influence in an IU Health Business Partner or IU Health Competitor? *NOTE: Examples include, but are not limited to, positions of director, officer, partner, consultant or representative of an IU Health Business Partner or IU Health Competitor.*
- d. Have you used and disclosed, or do you expect to use and disclose, to an IU Health Business Partner or IU Health Competitor, confidential IU Health information gained through your affiliation with or service to IU Health that could result or has resulted in personal benefit or advantage to you, your family members or any other entity?
- e. Have you or your family members received any items of value DIRECTLY OR INDIRECTLY from any IUH Business Partner or IUH Competitor? *NOTE: Items of value include, but are not limited to payments, fees, gifts, gratuities, special discounts, services, loans, travel, education, entertainment (including meals or tickets to sporting events or concerts) or other favors. You need not count items of nominal value (e.g. an occasional cup of coffee, soda, donut or notepad).*
- f. Do you or your family members have any other direct or indirect personal interest, in addition to those described above, that may constitute, or reasonably appear to constitute, any inappropriate or questionable Conflict of Interest?

Any “yes” answers to the questions above for the roles of Researcher, University Employee, and IU Health trigger the following section for the disclosure of all outside entities:

- a. Entity Name
- b. Entity Type
- c. Name of Person Involved with this Entity
- d. Relationship
- e. Relationship type – *NOTE: answer to this category determines which of the following sections a reporter must answer.*
 - i. Aggregate annual amount of compensation over the past 12 months
 - ii. Choose one: one-time/ad hoc/ongoing
 - iii. Estimated time commitment and duration
 - iv. Does the entity sponsor your research?
 - v. IU personnel and resources be used by this activity or be related with your activities with this entity?
 - vi. Are products and/or services made by this entity being used during the performance of IU responsibilities?
 - vii. Aggregate fair market value of the ownership interest within this entity?
 - viii. Reason for any travel supplied by entity, destination, and dates of travel