



CONSULTANT/COLLABORATOR FCOI DISCLOSURE FORM - PROPOSAL

The United States Public Health Service (PHS) Financial Conflict of Interest (FCOI) policy (effective August 24, 2012) mandates that the Duke University determine if a consultant/collaborator has a PHS-compliant FCOI policy, and also requires the consultant/collaborator to disclose certain information should a FCOI be present. Duke University will collect this information prior to issuing any agreement, and then annually at the time of renewal.

Consultant/Collaborator Information

Consultant/Collaborator Name: _____

Financial Conflict of Interest Information

- As a consultant/collaborator, I **DO** have a PHS-compliant Financial Conflict of Interest (FCOI) policy and will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulation.
- As a consultant/collaborator, I **DO NOT** have a PHS-compliant Financial Conflict of Interest (FCOI) policy.

Note: Consultants/collaborators checking this option are required to follow Duke's COI and FCOI policies: <http://medschool.duke.edu/files/FCOI-May-2011.pdf>.

Signature

Signature of Consultant/Collaborator: _____ Date: _____