

## St. Vincent's Medical Center

### Form for Request of Information about Investigator Financial Conflicts of Interest associated with PHS Support

In compliance with the Public Health Service (PHS) regulation on Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought (42 C.F.R. Part 50, Subpart F), members of the public may request information about financial conflicts of interest (FCOI) associated with principal investigators and senior/key personnel on Public Health Service-supported projects at St. Vincent's Medical Center and its affiliates. SVMC will respond within five business days of the receipt of the request. Under the regulation, SVMC must provide FCOI information if:

- The significant financial interest was disclosed to SVMC and is still held by the senior/key personnel; and
- SVMC determined that the significant financial interest is related to the PHS-funded research; and
- SVMC determined that the significant financial interest is a financial conflict of interest (FCOI) under regulatory standards.

Requests must be submitted by completing this form. Completed forms must be e-mailed to [jmarron@stvincents.org](mailto:jmarron@stvincents.org). Each request must list either the name of an investigator or a PHS award number. Only one name or award number may be listed on each request. Individuals may submit more than one request. If an investigator's name is listed, all the required FCOI information for that investigator will be provided. If a PHS award number is listed, all the required FCOI information about that award will be provided. Multiple requests on one form and incomplete forms will not receive a response. Pursuant to federal regulations, information received in response to requests made via this form will include FCOIs identified after the effective date of the regulations, August 24, 2012.

**1.\* Name of the requestor:**

**2. Affiliation of the requestor:**

**3.\* E-mail address where response should be sent:**

**4.\* Investigator's first and last name:**

**OR**

**PHS award number:**

**5. Intended use of the information:**

\*Required field