ADELPHI UNIVERSITY
RESEARCH FINANCIAL CONFLICT OF INTEREST (FCOI) DISCLOSURE FORM

The purpose of this financial conflict of interest form is to provide Adelphi University and the Investigator with information to determine whether a real or possible FCOI exists pursuant to the university's FCOI policy.

Your name: _____ _____
(last) (first)
Your email:_____ phone:_____

Department:_____ School:_____

Existing Funded Proposal? ___yes ___no
Title:_____Budget Dates:_____

(see FCOI policy for detailed definitions - $5,000 or more in remuneration, equity, intellectual property rights, and sponsored travel)

1. Do you or does any member(s) of your immediate family (spouse or dependent children) have a financial conflict of interest that: (1) would reasonably appear to affect your research? ___yes ___no; (2) is in an entity whose financial interests would reasonably appear to affect your interest? ___yes ___no

2. If yes to any part of question 1 above, is there salary or payment involved? Please describe_____

3. If yes to any part of question 1 above , is there any equity (stocks, stock options, etc.,) involved? Please describe_____

4. Do you or any member(s) of your immediate family (spouse or dependent children) have any intellectual property rights and any royalties from such rights that would reasonably represent a conflict of interest in terms of your research? ___yes, ___no. If yes, please explain
_____

5. Have you or any member(s) of your immediate family (spouse or dependent children) been sponsored or