**CONFLICTS OF INTEREST DISCLOSURE STATEMENT FOR NON-UNM INVESTIGATOR**

**CONSULTANTS/COLLABORATORS AFFILIATED WITH ANOTHER UNIVERSITY**

**(NOT INCLUDED IN A UNMHSC SUBAWARD)**

***Include this form with submitted contract/funding proposal/HRPO documents in Click Grants or Click IRB***

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**SECTION I DEMOGRAPHICS/STUDY INFORMATION** (to be completed by non-UNM investigator)

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Non-UNM Investigator’s Name (print or type) funding proposal # (if known)

Email Address:      

HRRC # (if known)

University Name:

Principal Investigator Name:

Study Title:

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**SECTION II CONFLICTS OF INTEREST** (to be completed by the investigator’s COI Administrator or other Institutional Official)

Y  N  a. Does your university have a financial conflict of interest policy that is consistent with 42 CFR Part 50 Subpart F? This includes completing financial conflicts of interest training. **If no, please forward this document to** [**HSC-COI@salud.unm.edu**](mailto:HSC-COI@salud.unm.edu)**.**

Y  N  b. Does the investigator have any potential financial conflicts of interest with the above named research study? **If yes,** **please attach the management plan and send this document and management plan to** [**HSC-COI@salud.unm.edu**](mailto:HSC-COI@salud.unm.edu)**.**

Y  N  c. Does the investigator have a conflict of commitment in regard to their participation in this research as an investigator?

**By signing this document, I certify that I am authorized to sign on behalf of this institution and that the information provided in this section is complete and accurate to the best of my knowledge.**

Signature of COI Administrator/Institutional Official Date

COI Administrator/Institutional Official Title:

Phone:       Email Address:

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**SECTION III AUTHORIZATION TO PERFORM SERVICES AS AN CONSULTANT/COLLABORATOR** (to be completed by an authorized Institutional Official such as Department Chair, Dean, Vice President, Vice Chancellor or COI Administrator)

The investigator named in section I is hereby authorized to participate in this research study as an independent consultant/collaborator.

Signature of Authorized Institutional Official Date

Institutional Official Title:

Email Address:

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**Any questions should be forwarded to** [**HSC-COI@salud.unm.edu**](mailto:HSC-COI@salud.unm.edu) **or 505-272-6433. The completed form should also be sent to** [**HSC-COI@salud.unm.edu**](mailto:HSC-COI@salud.unm.edu) **as a pdf document.**