

## **Disclosure and Management of Significant Financial Interest at the University of Michigan Training (“SFI Training”)**

U-M and unit-level policies **require** you to disclose information about non-University (“outside”) interests, activities, and relationships that are related to your University (“institutional”) responsibilities. These requirements help you and the University to comply with State of Michigan and federal conflict of interest regulations and ethical standards. As you complete your outside interest disclosure in M-Inform, you are agreeing to follow these requirements and policies.

### **Key definitions:**

- **Outside interest** – any paid or unpaid interest, activity, or relationship with an outside organization
- **Outside organization** – an organization other than the University of Michigan; may be domestic or foreign, public or private, for-profit or non-profit
- **Related to your institutional responsibilities** – an interest, activity, or relationship that relies upon the same expertise used to carry out your University responsibilities; as well as any interest, activity, or relationship of yours, your spouse, domestic partner, and/or dependents that has the potential to influence your University work (i.e., your professional responsibilities on behalf of the University, such as purchasing, research, teaching, professional practice, and institutional committee membership)
- **Significant financial interest (SFI)** – when an outside interest, consisting of one or more of the following interests held by you, your spouse, domestic partner, and/or dependents, reasonably appears to be related to your institutional responsibilities:

### **Be familiar with these conflict of interest (COI) policies**

#### **UM Policies:**

[SPG 201.65.1 – Conflicts of Interest and Conflicts of Commitment](#)

[U-M Policy for Identification and Management of Conflict of Interest in Research and Technology Transfer \(updated in 2016\)](#)

#### **Unit Specific Policies:**

[http://www.provost.umich.edu/programs/COI\\_COC/units.html](http://www.provost.umich.edu/programs/COI_COC/units.html)

#### **Common Federal Policies:**

[PHS \(NIH\) - Promoting Objectivity in Research](#)

[NSF – Conflict of Interest Policies](#)

#### **State of Michigan Statute:**

[Contracts of Public Servants with Public Entities](#)

#### **These and other related policies and resources:**

<http://research-compliance.umich.edu/coi-policies>

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- Remuneration received from any publicly traded entity in the previous 12 months and the value of any equity interest in the entity that, when aggregated, exceeds \$5,000 (lesser amounts must still be reported to the University)
- Remuneration received from any non-publicly traded entity (including non-profit organizations) in the previous 12 months that, when aggregated, exceeds \$5,000 (lesser amounts must still be reported to the University)
- Any equity interest in a non-publicly traded entity
- Any income received from intellectual property (IP) rights and interests (e.g., patents, copyrights, and royalties from such rights)
- Certain reimbursed or sponsored travel paid to or on behalf of the investigator, except that paid for by a federal, state, or local government agency, a domestic nonprofit institution of higher education, an academic teaching hospital, a medical center, or a research institute affiliated with an institution of higher education

#### Outside interest examples:

The following lists **some, but not all**, common types of relationships with an outside organization that are required to be disclosed. Remember, the activity must be related to your University responsibilities.

- Consultant, scientific advisory board member (paid or unpaid advisory role)
- Board of directors' member, manager, trustee, president, CEO (paid or unpaid leadership role)
- Equity, stock/stock options in non-publicly and publicly traded organizations, including U-M start-up companies
- Inventor of licensed or optioned intellectual property, developed at U-M or elsewhere, regardless of royalty or patent status
- Honoraria, compensation, or items of value received for employment, lecturer, editor, etc.

#### Disclosure process:

Read the M-Inform pages carefully. Exceptions and unit requirements are noted that may impact your disclosure of an activity. Use the **decision tree** ([found here](#)) as you consider your answers. After you submit your disclosure, it is routed automatically for review by the person who oversees your University responsibilities and to other University offices that screen the information to determine whether any additional requirements must be addressed.

**Important! Update your disclosure within 30 days of any change**, including the acquisition or initiation of any new outside interest that is related to your institutional responsibilities.

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I certify that I have read all of the SFI Training materials on the previous 2 pages and have reviewed the policies referenced from the associated links. **(Required for submission)**

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## Disclosure Update for [Name]: Related Outside Interests

**Note: Do not include any salary, grants, contracts, or other external funding that you receive from or through the University of Michigan. If you are still uncertain whether or not you need to disclose, please click [here](#) for additional guidance.**

With respect to outside interests, activities, and relationships **that relate** to your institutional responsibilities, indicate if the following applied to you, your spouse, domestic partner and/or dependent for the **past 12 months** or if it will apply **within the next 30 days**:

- Engaged in paid or unpaid outside activities or relationships (including volunteer activities) related to my UM institutional responsibilities (memberships in professional societies do not constitute a relationship in this context)**  
*Examples: Consulted on company business; consulting for or service to a federal funding agency or federal committee (NOT including NIH/NSF or other federal agency study sections or proposal review committees); spouse worked for a company that sponsors research; served on a scientific advisory board; served as a corporate officer or on a Board of Directors or Board of Trustees; etc.*
- Held ownership in a company or business (including equity, stock, or stock options) related to my UM institutional responsibilities**  
*Examples: Stocks in a company that sponsors university research; an LLC or DBA; stock options in a UM vendor; etc.*
- Optioned/Licensed Intellectual Property (e.g., [Royalties](#), Milestone, Option Fees, etc.). (Note: Book royalties need NOT be reported.)**
- Received compensation, loans (other than student loans), other payment(s) or items of value related to my UM institutional responsibilities**  
*Examples: A loan from a company that also sponsors research at UM; consulting fees from a drug company; etc.*
- Travel expenses reimbursed to you from or paid directly by, the outside organization (Exceptions: Do not include travel paid for by a US Federal, state, or local government agency; an accredited domestic non-profit Institution of higher education; an academic teaching hospital, medical center, or a research institute that is affiliated with an accredited domestic non-profit Institution of higher education. Also do not include travel paid for by a sponsored project/grant.)**  
**Only required for the following:**
  - **Individuals who have or expect funding from NIH or other agencies that follow the Public Health Services (PHS) FCOI guidelines** are required to disclose travel that exceeds \$5,000 from the same outside organization, in aggregate, within the last 12 months.
  - **Employees of the UM Health System, College of Pharmacy, Life Sciences Institute, and Taubman College of Architecture & Urban Planning** are required to disclose all travel of any amount other than the exceptions.
  - **Employees of the School of Dentistry or School of Kinesiology:** are required to disclose all travel that exceeds \$5,000 from the same outside organization, in aggregate, within the last 12 months, other than the exceptions.
- None of the above applies to me, my spouse, domestic partner, and/or dependent(s)**

\* **Do you have a spouse, domestic partner, and/or dependent(s) currently employed at UM?**  Yes  No [Clear](#)

Please enter your family member below (you can search by unickname or last name).

Name	Unickname	Department
There are no items to display		

**User not found?**

Try the following:

- Search on Last Name
- Verify exact unickname

Still not found?

**Create New Disclosure**

Select the outside organization involved in this interest, activity, or relationship:

If you are unable to find the outside entity, please enter the legal name of the outside organization:

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**1. Activity, Interest, or Relationship is for:**

Self  Spouse, Domestic Partner, or Dependent  Both

Family Members' UM usernames are provided below. Please select each individual that has an activity, interest, or relationship to this outside entity:

Uniqname1

Uniqname2

**2. The Outside Organization involved in this Interest, Activity, or Relationship:**

Publicly traded  Non-Publicly traded  Other (non-profit, etc.)

If this outside organization has operated under a different name, please enter the previous name(s) below:

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**3. Time Period of Interest, Activity, or Relationship:**

Indicate the original time period when this interest, activity, or relationship was or is expected to be in effect. Use the dates specified in any contract or agreement between you and the outside organization. If the agreement is open-ended, please select "Ongoing". If there is no written agreement, or the agreement does not specify dates, enter your best estimates for the start and end dates of your interest, activity, or relationship with the outside organization.

This relationship started on  Estimated End Date  Ongoing

**4. Estimated professional effort (in days) spent engaged in this interest, activity, or relationship for the current fiscal year (ending June 30)\***

*For example, if you expend 12 hours on professional activity in a given day, and 6 of those hours were on your outside interest, activity, or relationship, you should calculate 0.5 day spent engaged in the outside interest, activity, or relationship; if you spent 0.5 days six times in the year, enter 3 days. If the outside interest involved no time spent, (e.g., royalties, stock ownership, activity was conducted by spouse), enter 0 days.*

Estimated Days:

**\*Please note that total days spent on all outside activities should not exceed unit business rules (e.g. no more than 4 days per month or 48 days per year).**

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5. Please select all of the following descriptors that apply to your interest, activity, or relationship with the outside organization:

**Consultant/Advisory Role**

Please select the Consultant/Advisory Role

Consultant  Scientific Advisory Board  Strategic Advisory Board  Medical Advisory Board

Governmental Agency Consultant/Advisory (NOT including NIH/NSF or other federal agency study sections or proposal review committees)

You indicated consultant, is there a written agreement? Note: Medical School faculty members are required to have a written contract with clear deliverables, a copy of which must be made available upon request.  Yes  No

If you have selected Advisory, Strategic, Scientific, or Medical Board; and/or Government Agency role, please describe your role:

**Intellectual Property** (e.g., Royalties, Milestone, Option Fees, etc.)

**Leadership Role:**  Trustee  Manager  President/CEO  Board of Directors

Please enter the Board of Director role (e.g., Member, etc.):

**Expert Witness**

**Employee**

**Honoraria/Academic Speaker** (Speakers bureau activities are prohibited by Michigan Medicine)

**Loan to or from outside organization**

**Lecturer** (e.g., teaching a course)

**Equity Interest for Non-Publicly traded outside organization** (stock, stock option, other ownership or partnership interest)

Please select the equity interest % ownership:  Less than 5%  5% or greater

**Equity Interest for Publicly traded outside organization** (stock, stock option, other ownership or partnership interest)

Please select the equity interest % ownership:  0 - 1%  1% - 5%  >5%

**Travel**

**Volunteer/Community Service**

**Editor**

**Other (explain):**



6. Provide details about this interest, activity, or relationship. Explain how it is separate from or overlaps with your UM responsibilities, etc.

7. Travel expenses reimbursed to you from or paid directly by, the outside organization: Enter information about each trip on a separate line in the table below. **THIS INFORMATION MUST BE ENTERED WITHIN 30 DAYS OF EACH TRIP.**

*(Exceptions: Do not include travel paid for by a US Federal, state, or local government agency; an accredited domestic non-profit Institution of higher education; an academic teaching hospital, medical center, or a research institute that is affiliated with an accredited domestic non-profit Institution of higher education. Also do not include travel paid for by a sponsored project/grant.)*

**Only required for the following:**

- **Individuals who have or expect funding from NIH or other agencies that follow the Public Health Services (PHS) FCOI guidelines** are required to disclose travel that exceeds \$5,000 from the same outside organization, in aggregate, within the last 12 months.
- **Employees of the UM Health System, College of Pharmacy, Life Sciences Institute, and Taubman College of Architecture & Urban Planning** are required to disclose all travel of any amount other than the exceptions.
- **Employees of the School of Dentistry or School of Kinesiology:** are required to disclose all travel that exceeds \$5,000 from the same outside organization, in aggregate, within the last 12 months, other than the exceptions.

<u>Date</u>	<u>Duration (# of days)</u>	<u>Destination (city, state, country)</u>	<u>Purpose</u>	<u>Event Organizer (if other than outside organization)</u>

Upload travel related documentation here. Click the Add button to upload a new document. To upload a revised version of a document already listed below, click the Upload Revision button next to the document to be revised and upload the revised document:

Add
Name <span style="float: right;">Version</span>

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**8. Select the range of aggregated value received in the past 12 months:**

Indicate the value of all outside compensation and equity. If any amount of the [equity interest](#) is uncertain, indicate the known portion of the total value and check the **Equity Value Unknown** box below.

If travel is your only interest, activity or relationship with the outside organization (in question 5), select \$0 (None) and continue to the next question.

- \$0 (None)
- \$1 - \$4,999
- \$5,000 - \$9,999
- \$10,000 - \$19,999
- \$20,000 - \$39,999
- \$40,000 - \$59,999
- \$60,000 - \$79,999
- \$80,000 - \$99,999
- > = \$100,000
- ≥ \$100,000 - Enter amount:
  
- Equity Value Unknown (cannot be readily determined by public price or fair market value)

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9. Is your relationship with the outside organization connected to or associated with any research in any of the following ways?

- The entity is sponsoring this research
- The entity's products are used in this research
- The entity has licensed your invention (e.g. device, compound, drug) being used in this research
- Part of the work on this project will be subcontracted to the outside interest
- Other relationship not listed above

Yes  No

*If "Yes" is selected above the below will display*

Below is a list of your existing projects. If a project relates to this outside interest, click Update to indicate the type of relationship or change an existing relationship.

	<u>Project ID</u>	<u>Project Name</u>	<u>Project State</u>	<u>Role</u>	<u>External Sponsor</u>	<u>Is this research related to this disclosure?</u>	<u>Outside Relationship</u>
<input type="button" value="Update"/>	<a href="#">HUM00011111</a>	Identity, Cognition, and Physical States	Approved	Faculty Advisor	XYZ Laboratories	Yes	The entity is sponsoring this research The entity's products are used in this research

If a project related to this outside activity is not listed above, click Add to manually enter it. If you need to remove a manually added project, click Delete.

Project ID	Project Title	External Sponsor	Role on project	Is this research related to this disclosure?	Outside Relationship
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### Attestation:

- I am aware of and agree to abide by the UM policies and guidelines governing outside interests, conflict of interest and conflict of commitment.
- I confirm that this disclosed interest, activity, or relationship abides by the limits specified in these policies and guidelines and does not interfere with my primary obligation to UM. This disclosed interest, activity or relationship does not involve more than incidental use of UM resources (e.g., facilities, personnel, equipment, etc.) and does not involve outside activities (including education, research, clinical, administrative, and collegial obligations) that would more appropriately be performed within UM.
- I certify that this information provided is accurate to the best of my knowledge.
- I will update this disclosure promptly (within 30 days) if my circumstances change.
- I understand that failure to fully and honestly disclose may result in disciplinary action up to and including termination.
- I understand that I may be contacted by a UM COI Office to discuss this disclosure up to and including the establishment of a management plan for the interest.

Please check this box to indicate your acceptance of the attestation above:

Once you accept the attestation above and click OK, your disclosure(s) will be routed to the appropriate reviewer.

Click CANCEL to cancel this activity and close this window.

OK Cancel