

RASCAL – Sample Disclosure (as of February 12, 2018)

Welcome to Columbia University's on-line Financial Interest Report. You will now be asked a number of questions about your University activities and related outside financial interests. Depending on your responses, you may be asked follow-up questions. At any time, you may save and close your form and return to it later.

Reporting outside financial interests and activities is required for compliance with Columbia's conflict of interest policies. This form must be filled out completely and accurately. If you are uncertain as to whether a financial interest or relationship should be disclosed, please seek guidance from your dean's office or from the Office of Research Compliance and Training, and err on the side of transparency. This form must be completed annually and must be updated promptly (i.e., within 30 days) if your circumstances change.

More information, including definitions for all underlined terms and links to policies and FAQs, is available by clicking the links in the left-hand navigation pane. If you have technical questions (and technical questions only), please contact the Rascal Help Line at 212-851-0213.

SECTION I:

Research, Clinical Care, and Education

1. Do you Conduct Research?

This question refers only to research sponsored by or through Columbia, including research: (a) conducted pursuant to an agreement between Columbia and a third party; or (b) supported by funding that is administered through Columbia; or (c) requiring review by a Columbia regulatory body (e.g., IRB, IACUC).

Please see Definitions for more information.

Yes

No

2. The U.S. Public Health Service (PHS) includes NIH, CDC, and other HHS agencies. Do you currently participate, or do you expect to participate, in PHS-sponsored research? This question includes funding from PHS to a third party that flows down to Columbia as a subrecipient.

Yes

No

3. Are you involved in clinical care or education activities at CUMC or any affiliated hospital or facility?

Yes

No

Please answer the following questions about whether you hold financial interests related to your Columbia Research, Clinical Care and/or Education activities.

As more fully defined in the "Definitions" section, a Financial Interest is anything of monetary value, including, but not limited to:

- compensation for services (e.g., consulting fees or honoraria);
- stock or other equity interests;

- royalties and license fees; and
- directorships and management roles.

The term Financial Interest does not include (1) salary paid through Columbia, or (2) income from seminars, lectures, teaching, service on advisory committees or review panels sponsored by a Federal, state or local government agency, a U.S. institution of higher education, an academic teaching hospital, a medical center, or a research institute affiliated with a U.S. institution of higher education.

These questions apply to Financial Interests held within the past 12 months, and/or anticipated to be held within the next 12 months.

You must identify a business in response to each question to which it applies.

RESEARCH

R1. Do you or does a member of your Family have a Financial Interest in a Business (including a nonprofit entity) that provides funding (through a research agreement, gift, or other arrangement) for your Research?

Yes –

Name of Business (At this time enter only one Business. You will have an opportunity to enter additional businesses.):

Description of research (including funder, project title, grant number, and brief description):

Add Additional:

No –

R2. Do you or does a member of your Family have a Financial Interest in a Business (including a nonprofit entity) that supplies drugs, devices, or other goods that are the subject of your Research, pursuant to a material transfer agreement, research agreement, or otherwise?

Yes –

Name of Business (At this time enter only one Business. You will have an opportunity to enter additional businesses.):

Description of research (including funder, project title, grant number, and brief description):

Add Additional:

No –

R3. Do you or does a member of your Family have a Financial Interest in a Business (including a nonprofit entity) that provides services or other deliverables in connection with your Research?

Yes –

Name of Business (At this time enter only one Business. You will have an opportunity to enter additional businesses.):

Description of research (including funder, project title, grant number, and brief description):

Add Additional:

No –

R4. Do you or does a member of your Family have a Financial Interest in a Business (including a nonprofit entity) that owns, licenses, or has any other contractual interest in a Technology being investigated in your Research?

Yes –

Name of Business (At this time enter only one Business. You will have an opportunity to enter additional businesses.):

Description of research (including funder, project title, grant number, and brief description):

Add Additional:

No –

R5. Do you or does a member of your Family have a Financial Interest in a Business (including a nonprofit entity) that holds a U.S. Food and Drug Administration Investigational New Drug (IND) application or Investigational Device Exemption (IDE) for a Technology being investigated in your Research?

Yes –

Name of Business (At this time enter only one Business. You will have an opportunity to enter additional businesses.):

Description of research (including funder, project title, grant number, and brief description):

Add Additional:

No –

R6. Do you or does a member of your Family have a Financial Interest (directly or indirectly) in a medical education company, marketing partnership, or other entity that acts for or on behalf of a Business (including a non-profit entity) that funds your Research or otherwise fits within one of the categories identified in Questions R1 through R5?

Yes –

Name of Business (At this time enter only one Business. You will have an opportunity to enter additional businesses.):

Description of research (including funder, project title, grant number, and brief description):

Add Additional:

No –

R7. Do you or does a member of your Family have any other Financial Interest that would reasonably appear to be affected by the outcome of your Research?

Yes –

Please describe this Financial Interest in detail, including its value and who holds the interest (e.g., you, Family member):

Add Additional:

No –

CLINICAL CARE AND EDUCATION

Faculty are required to disclose outside financial interests related to any of their professional clinical or educational activities, even if such professional activity is performed outside of Columbia or its affiliates. You should include any interest of a biomedical nature that is dependent on your clinical or educational expertise or responsibilities for the University.

At the end of the form, a table will summarize all the information you have provided about financial interests that relate to your Columbia activities. PRIOR TO CERTIFYING your form, please ensure the accuracy of all your information listed in this table.

For P&S faculty and researchers only: Information about your outside financial interests that are related to any of your clinical or educational activities over the previous 12 months will be

posted on a publicly accessible Columbia University website (<https://www.rascal.columbia.edu/public/coi>). A second "preview" table will appear containing information relating to clinical care and/or education that will be posted on the publicly accessible website. PRIOR TO CERTIFYING your form, please also ensure the accuracy of all your information listed in this second table.

Please answer the following questions regarding your outside financial interests related to any professional clinical or educational activities, even if performed outside of Columbia or its affiliates.

All outside financial interests related to any clinical or educational activities MUST be disclosed in this "Clinical Care and Education" section, even if disclosed in response to questions in any other section on this form (e.g. under Research).

C/E1. Do you or does a member of your Family have or receive a Financial Interest in or from any Business in any way related to your clinical or teaching activities?

In answering this question, you should consult the definition of Financial Interest by using the link to Definitions on the left side of the screen.

In addition, for purposes of this question you should EXCLUDE:

- *Private practice income/income from clinical practice; and*
- *Remuneration for travel expenses, if limited to payment for legitimate professional speaking and consulting engagements (see your school's Policy).*

Yes –

Name of Business (At this time enter only one Business. You will have an opportunity to enter additional businesses.):

Add Additional:

No –

C/E2. Do you give presentations that are directly sponsored by a Business or its agent concerning the products or services of that Business? *[If yes, please note: for each Business, remuneration for these activities should be included and explained in your response to the previous question regarding professional services related to commercial activities.]*

Yes – Name of Business (At this time enter only one Business. You will have an opportunity to enter additional businesses.):

Add Additional:

No –

C/E3. Does the total of the Financial Interest(s) in all Businesses related to your clinical and/or teaching activities exceed \$50,000 in the aggregate?

Yes

No

C/E4. Are you primarily employed by a pharmaceutical, biotechnology, medical device or medical education Business?

Yes – Please identify the Business and describe your role and how it relates to your institutional responsibilities at Columbia:

Add Additional:

No –

[Please note, additional questions appear in the form if a Business Interest is identified in any section of the form.]

SECTION II:

Administrative and Other Activities

A1. Do you hold an Executive Position in any outside Business related to your work at Columbia? For example, at the Medical Center such a Business would be in the biomedical or healthcare related fields.

Yes –

Name of Business (At this time enter only one Business. You will have an opportunity to enter additional businesses.):

Please describe this Business and how it relates to your work at Columbia or, if you already have described the Business elsewhere on the form, please indicate that you have done so.

Add Additional:

No –

A2. Have you participated in or influenced the University's selection of a contractor, vendor, or supplier of goods, equipment, or services in or from which you or any member of your Family has or receives a Financial Interest? *[For purposes of this question only, a Financial Interest does not include any interest in a public company held by your or your Family that in the aggregate is less than five percent of outstanding shares.]*

Yes –

Please describe [Describe only one transaction. If there is more than one relevant transaction, you will be prompted to disclose additional transactions.]:

Add Additional:

No –

A3. Have you participated in or influenced any University transaction to buy, sell, lease or license real, intellectual or other property to or from any member of your Family (including yourself) or any Business in or from which you or any member of your Family has or receives a Financial Interest? *[For purposes of this question only, a Financial Interest does not include any interest in a public company held by your or your Family that in the aggregate is less than five percent of outstanding shares.]*

Yes –

Please describe [Describe only one transaction. If there is more than one relevant transaction, you will be prompted to disclose additional transactions.]:

Add Additional:

No –

A4. Have you used University facilities, equipment, clerical services, intellectual property, the services of University students or employees or the University's name to support activities unrelated to your University activities? *[Describe only one use. If there is more than one relevant use, you will be prompted to disclose additional uses.]*

Yes –

Please describe. Include the nature of the use, including the individuals involved, and any other pertinent information in your explanation:

Add Additional:

No –

A5. Is any member of your immediate Family employed by the University in a position that is subordinate, supervisory, or collaborative to you?

Yes –

Please provide the name(s) of the Family member(s), his/her relationship to you, the position held, and whether this information has previously been disclosed to the Vice President of your School or to the Provost in your explanation. Please specifically identify whether this person is subordinate, supervisory, or collaborative to you.

Add Additional:

No –

A6. Other than compensation or benefits received in connection with University employment, have you or any member of your Family received any benefit as a result of any transaction or relationship that relates to your activities for the University?

Yes –

For each such benefit, include the nature of the benefit, a description of the transaction or relationship and any other information that may be helpful in understanding the transaction or relationship in your explanation.

Add Additional:

No –

SECTION III:

Additional Questions for Public Health Service Investigators

P1. Other than what you have already listed on this form, do you have a Financial Interest that relates to your Institutional Responsibilities at Columbia? (For example, this would include honoraria or compensation from a Business, including a non-profit entity, for work in your field of expertise.)

Yes –

For each Financial Interest listed, please provide a brief description of the Business, the type of activity you perform, and the amount of remuneration (including equity). Also for each interest, please explain how it relates to your Institutional Responsibilities at Columbia.

Add Additional:

No –

*Federal regulations effective August 24, 2012 **require** that you disclose **any** sponsored or reimbursed travel related to your institutional responsibilities within 30 days of its occurrence, even if you do not think the travel specifically relates to your federally funded research.*

You are NOT required to disclose travel funded through the University and charged to a sponsored project or departmental account.

NIH also has provided that if you are able to anticipate your sponsored travel for the next 12 months, you may list it on this form and then will not need to make the "within 30 days" disclosure, unless there is a change to the sponsor, purpose, destination, or duration of travel.

P2. During the previous 12 months, has any Business paid or reimbursed your expenses for travel that relates to your Institutional Responsibilities? *You must include travel sponsored by non-profit entities, except for government agencies, U.S. institutions of higher education, academic teaching hospitals, medical centers or research institutes affiliated with a U.S. institution of higher education.*

Yes –

Name of Business (At this time enter only one Business. You will have an opportunity to enter additional businesses.):

Please Describe your travel for this Business:

Purpose of travel:

Destination of travel:

Duration of travel:

Approximate value of travel:

Add Additional:

No –

P3. Over the next 12 months, do you anticipate that any Business will pay or reimburse your expenses for travel that relates to your Institutional Responsibilities? You must include travel sponsored by non-profit entities, except for government agencies, U.S. institutions of higher education, academic teaching hospitals, medical centers or research institutes affiliated with a U.S. institution of higher education.

Yes –

Name of Business (At this time enter only one Business. You will have an opportunity to enter additional businesses.):

Please Describe your travel for this Business:

Purpose of travel:

Destination of travel:

Duration of travel:

Approximate value of travel:

Add Additional:

No –

[SUMMARY BOX OF WHAT'S BEEN DISCLOSED IN FORM.]

To P&S faculty and researchers only:

Information disclosed on this form concerning financial interests relating to your clinical care or education activities over the last 12 months will appear on a publicly available website. The website will reflect that you have disclosed no such interests.

PRIOR TO CERTIFYING your form, please ensure the accuracy of this information. To make corrections, click the "Previous" button to return to the relevant page and input corrected information.

I certify that I have read and agree to be bound by the Columbia University Policy on Financial Conflicts of Interest and Research, my school's conflict of interest policy on education and clinical care, and the Statement of University Policy on Conflicts of Interest.

I certify that my responses to all questions on this form are accurate to the best of my knowledge.

I will promptly submit a revised disclosure form if there are any changes in or additions to the outside interests and relationships described in this disclosure form. If I am to participate in any federally funded project, I will submit such a revised form no later than the time the grant or contract proposal for such project is submitted.