



**Significant Financial Interest (SFI) and Consent Form
for Research Funded by the US Public Health Service (PHS) including NIH**

Complete this form if you are a McGill Principal Investigator (PI) applying for or holding PHS funding or involved as an Investigator on a PHS funded project.

Complete this form if you are non-McGill Investigator and are following McGill's PHS Financial Conflict of Interest procedure.

Upon completion, return this form to your Grants Officer at the Office of Sponsored Research (OSR).

Reason for Disclosure

Please check only one option.

- Submitting a Grant Application Annual Renewal Awarded Grant Update/New Reportable Interest (SFI)
 New Investigator on an Awarded Grant Supplemental/Extension/Additional Funding

Status of the Grant

Please check all that apply.

- Being Submitted Awarded McGill is the Prime Awardee McGill is a Subrecipient

Part 1: Project Information

Title of Project:	
Grant # if known:	
Sponsor:	
McGill Fund# if known:	
Prime Awardee Principal Investigator (PI):	Prime Awardee Institution:
McGill Principal Investigator (if not the Prime Awardee):	E-Mail:

Part 2: Investigator Information

Your Role on the Study: <input type="checkbox"/> McGill PI <input type="checkbox"/> McGill Investigator <input type="checkbox"/> Non-McGill PI <input type="checkbox"/> Non-McGill Investigator	
Last Name (Print):	First Name:
E-mail:	Phone:
Date:	Department:

Part 3: Other Investigator Information (complete only if you are the McGill Principal Investigator).

Please check only one option.

- McGill is the prime awardee and there are NO Investigators other than the PI on this grant application/study
- McGill is a sub-recipient and there are NO Investigators other than the PI on the McGill part of this grant application/study
- There have been no changes to the List of Investigators previously submitted
- A current List of Investigators is attached. (To create, please complete [McGill List of Investigators](#))

Part 4: Disclosure Information

4.A No Change in Financial Interests

I certify that there have been no changes in the significant financial interests of myself, my spouse/partner and/or my dependent children since my previous disclosure, dated _____ (must be within the past 12 months).

If you certified in 4.A that there have been no changes to your current SFI Disclosure, you may skip to 4.4.

4.1 Publicly Traded Entities: Income and Equity interests

Have you, your spouse/partner and/or dependent children received income or payment for services in the past 12 months or do you own an equity interest in any publicly traded entity which exceed \$5,000 when aggregated, and which would reasonably appear to be related to your institutional responsibilities? This includes salary supplementation paid through McGill University as a result of sponsored contracts administered by McGill. This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions.

Yes No

If Yes, please provide the following information. Add additional sheets as necessary.

Person holding the SFI	Name of entity	Total value	Description (e.g. salary earned from...)

4.2 Non-Publicly Traded Entities

a. Income

Have you, your spouse/partner and/or dependent children received income or other payment for services from any non-publicly traded entity in the past 12 months, exceeding \$5,000 when aggregated which would reasonably appear to be related to your institutional responsibilities? This includes salary supplementation paid through McGill University as a result of sponsored contracts administered by McGill. This does not include income from seminars, lectures, or teaching engagements sponsored by a US federal, state, or local government agency, a US institution of higher education, or an academic teaching hospital, a medical centre, or a research institute that is affiliated with a US institution of higher education.

Yes No

If Yes, please provide the following information. Add additional sheets as necessary.

Person holding the SFI	Name of entity	Total value	Description (e.g. salary earned from...)

b. Equity

Do you, your spouse/partner and/or dependent children currently own, or have you acquired in the past 12 months, any equity interest in a non-publicly traded entity which would reasonably appear to be related to your institutional responsibilities? This can include any stock, stock option or other ownership interest.

Yes No

If Yes, please provide the following information. Add additional sheets as necessary.

Person holding the SFI	Name of entity	Total value	Source of equity interest

4.3 Intellectual Property Rights and Interests

Have you, your spouse/partner, and/or dependent children received any payments in the past 12 months, for any intellectual property rights and interests (e.g. patents, copyrights, assigned or licensed to a party other than McGill) which would reasonably appear to be related to your institutional responsibilities?

Yes No

If Yes, please provide the following information. Add additional sheets as necessary.

Person holding the SFI	Total value	Description

4.4 Travel Reimbursement / Sponsorship

In the last 12 months, has any one entity (for-profit or non-profit) reimbursed travel or sponsored travel for you, with a total monetary value of \$5,000 or more, which would reasonably appear to be related to your institutional responsibilities?

This does NOT include travel sponsored or reimbursed by a US federal, state or local government agency, a US institution of higher education, or an academic teaching hospital, a medical centre, or a research institute that is affiliated with a US institution of higher education.

As with SFIs under sections 4.1–4.3, changes to this section must be reported within 30 days from the time they arise. Any sponsored or reimbursed travel exceeding an aggregate annual total of \$5,000 from a single entity is subject to the 30 day reporting requirement.

Yes No

If Yes, please provide the following information. Add additional sheets as necessary.

Purpose of the trip: _____

Name of sponsor/organizer: _____ Destination: _____

Dates of travel: _____ Estimated value: _____

Purpose of the trip: _____

Name of sponsor/organizer: _____ Destination: _____

Dates of travel: _____ Estimated value: _____

Purpose of the trip: _____

Name of sponsor/organizer: _____ Destination: _____

Dates of travel: _____ Estimated value: _____

4.5 Affiliations with Foreign Institutions and Governments

In the past 12 months, have you held any positions, affiliations, or appointments with foreign institutions or governments (including volunteer positions) relevant to the project in question (even if labelled as “guest,” “adjunct,” “honorary,” with or without salary support)? Have you ever participated in a foreign government talent recruitment or similar-type program?

This does NOT include positions, affiliations, or appointments at a US federal, state or local government agency, a US institution of higher education, or an academic teaching hospital, a medical centre, or a research institute that is affiliated with a US institution of higher education.

Yes No

If Yes, please provide the following information. Add additional sheets as necessary.

Name of entity	Description of position/affiliation/appointment/recruitment program

Part 5: Consent

I certify that this is a complete disclosure of all my, my spouse’s/partner’s and/or dependent children’s significant financial interests (SFIs) related to my institutional responsibilities and I have used all reasonable diligence in preparing this SFI Disclosure, and to the best of my knowledge it is true and complete. I also acknowledge that, by signing my name below, it is my responsibility to file an updated disclosure annually while I am participating in PHS funded research and within 30 days of discovering or acquiring a new SFI.

I understand that the personal information on this form is collected under the authority of Section 64 of Quebec’s [Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information](#) (the Act), and will be protected in accordance with the Act.

In the event that the University’s Designated Official (DO) for US Financial Conflict of Interest matters determines that any SFI that I have disclosed on this form constitutes a financial conflict of interest (FCOI) in accordance with the PHS Regulations (42 CFR Part 50 and 45 CFR Part 94), I voluntarily authorize the DO to disclose information related to that FCOI to the McGill PI (if applicable), to the prime awardee institution and PI (if applicable), to the McGill administrative units as required by McGill procedure and to the Sponsor for the purposes of grant reporting, as required under the PHS Regulations.

I understand that the information will be disclosed outside of Canada as required by the PHS Regulations.

In the event that a member of the public makes a written request for information on the FCOI identified by the DO, I voluntarily authorize McGill to disclose my personal information pertaining to the request to the member of the public making such request, as required by the PHS Regulations. This authorization constitutes consent under Sections 53 and 59 of the Act for McGill University to disclose information on the FCOI when a request is made by a member of the public pursuant to the Act.

I understand that I may withdraw consent at any time by notifying McGill’s Office of Sponsored Research (OSR) in writing. I understand that the withdrawal of consent may result in the suspension or termination of PHS funding for the related project.

This consent will expire automatically three (3) years from the date of consent.

Signature:	
Date:	
Full Name:	

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