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.

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. Are you currently funded by NIH, CDC, or another agency of the U.S. Public Health Service (PHS), or do you plan to apply for such funding?
   
   *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.

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 non-profit 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):
   No

R2. Do you or does a member of your Family have a Financial Interest in a Business (including a non-profit 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):
   No

R3. Do you or does a member of your Family have a Financial Interest in a Business (including a non-profit 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):
   No

R4. Do you or does a member of your Family have a Financial Interest in a Business (including a non-profit 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):
   No

R5. Do you or does a member of your Family have a Financial Interest in a Business (including a non-profit 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):

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):

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):

No

To all P&S faculty:

As of 2012, information about financial interests that relate to your clinical care and/or education activities over the last 12 months will be posted on a Columbia University website, which is publicly accessible.

At the end of the form, a table will summarize all the information you have provided here about financial interests that relate to your Columbia activities. 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 ensure the accuracy of all your information listed in both tables.

CLINICAL CARE AND EDUCATION
Please answer the following questions regarding your clinical care and education activities. If you need help completing sections of the form related to clinical care and education, please contact the CUMC Office of Academic Affairs (ps-coi@columbia.edu).

Note: The publicly accessible website will list only those businesses you separately identify in this section of the form as related to your clinical care and education activities. Please disclose any business related to your clinical care and education activities even if you have previously identified it on this form as related to your 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? [For this question, remuneration requiring disclosure does NOT include reimbursements for travel expenses, if limited to payment for legitimate professional speaking and consulting engagements.]
   Yes –
   – Name of Business (At this time enter only one Business. You will have an opportunity to enter additional businesses.):
   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.):
   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:
   No

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.
   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.]:
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.]:
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:
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.
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.
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 –
  - Please provide a description of this financial interest (including amount) and how it relates to your Institutional Responsibilities at Columbia:

  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.

No

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:

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:

No