

Washington State University Conflict of Interest Review Committee (COI)

Office of Research Assurances

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Telephone: (509)335-0039 Fax: (509)335-6410 Web site: www.coi.wsu.edu

**Conflict of Interest and Outside Activity Request and Approval Application**

**Instructions:** A proposed management plan should accompany this application. The management plan should be developed by the WSU employee in collaboration with their Chair/Dean/Director who will be charged with the responsibility of managing the potential conflict of interest. For guidance on developing a management plan, refer to WSU Memo #3, Executive Policy #27, and Appendices A and B.

Section 1. Applicant Information

Check all that apply:

 [ ]  Potential conflict of interest

 [ ]  Significant use of University resources

[ ]  Technology transfer activities will occur through outside professional activities and /or consulting

|  |  |  |
| --- | --- | --- |
| Last Name:       | First Name:       | WSU ID#:       |
| Department:       | Position:       | Campus:       |
| Address/Mail Code:       | Phone:       | E-mail:       |

If necessary, CO-Applicant Information

|  |  |  |
| --- | --- | --- |
| Last Name:       | First Name:       | WSU ID#:       |
| Department:       | Position:       | Campus:       |
| Address/Mail Code:       | Phone:       | E-mail:       |

Section 2. Abstract

1. Briefly describe the potential conflict of interest or the significant use of University resources and how the activity meets the University’s technology transfer mission.

1. Describe how the activity relates to past or ongoing research activities in which you are engaged as a principal investigator or collaborator.

Section 3. Outside Entity Information

|  |
| --- |
| Entity Name:       |
| Address:       | City:       | State:       | Zip:       |

1. Is the entity engaged in a current or prospective sponsored research agreement for which you are an investigator?

[ ]  YES [ ]  NO **If YES**, provide OGRD #:

1. Is this a WSU employee owned entity?

[ ]  YES [ ]  NO

1. Annual income to you and members of your household from this outside entity is:

[ ]  None [ ]  Less than $10,000 [ ]  $10,000 or more

1. Value of ownership interest in outside entity is:

[ ]  None [ ]  Less than $10,000 [ ]  $10,000 or more

1. Nature of ownership:

[ ]  Equity interest [ ]  Partnership [ ]  Other:

1. Percentage of ownership:

[ ]  Less than 5% [ ]  5% or greater

1. Number of shares owned:
2. Are you a member of the Board of Directors?

[ ]  YES [ ]  NO

1. Basis for payments or gratuities to you or a member of your family (check all that apply)

[ ]  Participation as an employee

[ ]  Consulting or occasional lecturing

[ ]  Member on Advisory or Director’s Board

[ ]  Writing commissioned papers or reports

[ ]  Gift

[ ]  Income related to royalties

[ ]  Other, explain:

1. Will you receive a gift, or any gift money to use for this entity?

[ ]  YES [ ]  NO

1. Does this activity require the use of a WSU approved Service Center?

[ ]  YES [ ]  NO

1. Will any purchases be made to or from the employee owned entity for use in carrying out activities related to your job at WSU?

[ ]  YES [ ]  NO

Section 4. Technology Transfer Activities by Research Employees

1. [ ]  Does this activity involve technology transfer?

[ ]  YES [ ]  NO

**If NO**, go to section 5.

**If YES**, answer the following questions:

* 1. Activity involves technology transfer through

[ ]  Outside Professional activity and/or consulting (EP #27 Section VI(B))

[ ]  Research employees’ private enterprise involvement, including start-up companies (EP #29 Section VI(C))

[ ]  Other:

* 1. Will University facilities, personnel, equipment, land, or other resources be used for this activity more than DE MINIMUS use?

[ ]  YES [ ]  NO

**If YES**, attach a copy of the WSU Service Center rate approval (WSU General Accounting) or sponsored research agreement (OGRD).

* 1. Are any of the University resources, including any service centers, under your, or a member of your household, direct control in determining the availability of that resource?

[ ]  YES [ ]  NO

**If YES**, explain:

* 1. Does this activity create a significant financial conflict of interest?

[ ]  YES [ ]  NO

**NOTE**: If Section 3, Question 1 is checked no, attach an explanation justifying the work being conducted as a consultancy rather that via a sponsored research agreement with WSU. The explanation must articulate how the work advances the technology transfer mission of the University.

Section 5. Financial Disclosure Information

1. Will the activities involve clinical trials of human subjects or other human subject research which required approval from the Institutional Review Board (IRB)?

[ ]  YES [ ]  NO

1. Will any member of your household hold a manager, officer, or trustee position, or are currently employed in this outside entity?

[ ]  YES [ ]  NO

**If YES**, explain:

1. Have you fully disclosed your relationship to those working on your research or related research including; co-investigators, research assistants, trainees, students, and sub-contractors working on related research?

[ ]  YES [ ]  NO

**If NO**, explain:

1. Will any student(s) be involved in research related to the proposed activity? (Does not apply to research assistants.)

[ ]  YES [ ]  NO

* 1. Will this activity impair the rights of any student or University employee?

[ ]  YES [ ]  NO

* 1. Will any philanthropic donations be used to reimburse the University for costs of providing such facilities or resources?

[ ]  YES [ ]  NO

* 1. Will any student(s) function as employee(s) of the start-up company?

[ ]  YES [ ]  NO **If YES**, Provost approval is required

1. Will the outside activity comply with state and federal research underway in your lab?

[ ]  YES [ ]  NO

1. Will the outside activity interfere with state and federal research underway in your lab?

[ ]  YES [ ]  NO

1. Do any of the research projects key personnel have an investment in, ownership in, or employment with the sponsor of the research?

[ ]  YES [ ]  NO

1. Do WSU and/or WSU Research Foundation anticipate licensing technology to this outside entity?

[ ]  YES [ ]  NO

Section 6. Compliance Checklist

Does your research require approval from any of the following compliance areas?

1. Institutional Review Board (IRB) (i.e. human subjects, tissue/bodily fluid)

[ ]  YES [ ]  NO **If YES**, IRB #:

1. Institutional Biosafety Committee (IBC) (i.e. recombinant DNA, infectious agents)

[ ]  YES [ ]  NO **If YES**, IBC #:

1. Institutional Animal Care and Use Committee (IACUC) (i.e. vertebrate animals)

[ ]  YES [ ]  NO **If YES**, IACUC #:

1. Radiation Safety Committee (RSO) (i.e. radioactive materials, radiation equipment)

[ ]  YES [ ]  NO **If YES**, RSO #:

1. Hazardous Waste (EH&S)

[ ]  YES [ ]  NO

Section 7. Request and Certification

I affirm the truth of the statements made above under penalty of perjury. I understand that if the University does not approve any such interest, pursuant to University policy or state law, I will be required to discontinue or divest myself of such interest in order to remain an employee in good standing at Washington State University. In addition, I agree to abide by the responsibility set forth in WSU Executive Policy #27 and other University policies and state law related to this outside activity.

Applicant Signature:

Applicant Print Name:

Date:

Department Chair/Director Signature:

Department Chari/Director Print Name:

Date:

Dean/V.P. Signature:

Dean/V.P. Print Name:

Date:

Appendix A: Management Plan – Actions to Manage, Reduce, or Eliminate Potential Conflicts

A management plan should accompany requests for activities that might create financial conflicts of interest. The management plan should be developed by the WSU employee in collaboration with their Chair/Dean/Director who will be charged with the responsibility of managing the potential conflict of interest. This appendix lists examples of actions to manage, reduce, or eliminate potential conflicts. Check all that apply to this request. Also, provide a narrative of the plan. Examples of the form and content of items for the narrative can be found at www.coi.wsu.edu.

[ ]  **For PI’s only:** Applicant agrees to serve as Co-PI only. The PI shall be:

[ ]  **For PI’s only:** Applicant remains as PI with his/her department Chair/Director/Dean retaining fiduciary oversight for the contract.

[ ]  **For non PI’s:** The department Chair/Director/Dean shall retain fiduciary oversight for any conflict.

[ ]  Prior approval of the Board of Regents for contracts for research and development and commercialization of intellectual property.

[ ]  Public disclosure of significant financial interest

[ ]  Modification of research plan

[ ]  Disqualification from participation in the research affected by significant financial interests

[ ]  Divestiture of significant financial interest

[ ]  Delegation of significant financial interests to trust

[ ]  Severance of relationships that create actual or potential conflicts

[ ]  An equipment use charge has been developed and approved by the department Chair/Director/Dean and Controller’s office. (Attach)

[ ]  Research oversight is required and the activity will be monitored by the below independent reviewer(s).