

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).