



REPUBLIQUE DEMOCRATIQUE DU CONGO
Ministère de la Santé Publique
Institut National de Recherche Biomédicale (INRB)

Financial Conflict of Interest (FCOI) Form for US Public Health Service (PHS)-Funded Research Grants and Cooperative Agreements

The United States (US) Public Health Service (PHS) FCOI policy stipulates that INRB mandates each investigator, regardless of their title or position, who holds independent responsibility or significantly influences the design, conduct, outcomes, or reporting of US PHS (e.g., NIH)-funded research, such as Program Directors/Principal Investigators (PD/PIs), Key Personnel (KPs), and any other investigators, to disclose any significant financial interests (SFIs) held by themselves or members of their immediate family (spouse, dependents, all household members) directly related to the Investigator's institutional responsibilities (e.g., research, research consultation, teaching, clinical, etc.) performed on behalf of INRB.

DISCLOSURE MUST BE MADE

1. At the time of application for the funded research,
2. Upon issuance of the Notice of Award (NOA),
3. Annually throughout the duration of the award period,
4. Within 30 days of discovering or acquiring (e.g., through purchase, marriage, inheritance) a Significant Financial Interest (SFI), and
5. In adherence to the INRB FCOI policy

FINANCIALLY SUPPORTED PROJECT TITLE : _____

NAME OF FUNDING ORGANIZATION AND FOA# OR NOA# : _____

TITLE AND NAME OF INVESTIGATOR : _____

DATE : _____

SIGNATURE : _____

DISCLOSURE PUBLICLY TRADED ENTITY

Within any 12-month period, did you or your immediate family received or anticipate receiving remuneration and the value of any equity interest in the entity exceeding \$5,000 when aggregated. Remuneration comprises salary and any other payments for services (e.g., consulting fees, honoraria, paid authorship). Equity interest include : stock, stock-options, or any other ownership interest determined using public prices or other fair market value measures. **YES/NO**

If **YES**, provide the name(s), actual/anticipated amounts and the currencies

1. _____--
2. _____
3. _____
4. _____

DISCLOSURE NON-PUBLICLY TRADED ENTITY

Within any 12-month period, did you or your immediate family received or anticipate receiving remuneration (salaries or payment for services) from the entity exceeding \$5,000 when aggregated, or you or your immediate family holds any equity interest (e.g., stock, stock-options, or other ownership interest). **YES/NO**

If **YES**, provide the name(s), actual/anticipated amounts and the currencies

1. _____--
2. _____
3. _____
4. _____

DISCLOSURE OF EQUITY

Do you or your immediate family currently, or during the last 12 months hold any remuneration holds any equity interest (e.g., stock, stock-options, or other ownership interest) ? **YES/NO**

If **YES**, provide the name(s), actual/anticipated amounts and the currencies

- 1. _____
- 2. _____
- 3. _____
- 4. _____

REIMBURSED OR SPONSORED TRAVEL(S)

Do you or your immediate family currently, or during the last 12 months have any reimbursed or sponsored travel expenses exceeding \$5,000 (excluding travel sponsored by Federal, state, or local government agencies in the United States, United States institutions of higher education, academic teaching hospitals, medical centers, or research institutes affiliated with United States institutions of higher education) ? **YES/NO**

If **YES**, provide purpose of trip(s), destination (s), sponsor (s), duration of travel(s) and exact value (s)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

INVENTIONS, COPYRIGHT, PATENTS LICENSED TO A COMPANY

Do you or your immediate family currently, or during the last 12 months have any income **exceeding \$5,000** derived from **intellectual property rights and interests** (e.g., patents, copyrights) ? **YES/NO**

If **YES**, If YES, briefly describe the nature of the technology, including patent of copyright numbers

- 1. _____
- 2. _____
- 3. _____
- 4. _____