



# AMGA Investigator Financial Conflict of Interest (FCOI) Disclosure Form

Office of the AMGA Vice President of Research and Analytics

Please send completed form to: [cshekailo@amga.org](mailto:cshekailo@amga.org)

Please refer to the [AMGA Conflict of Interest Policy](#)

Name of Investigator: \_\_\_\_\_

Investigator Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Institution/Employer Name: \_\_\_\_\_

Title of Study (if applicable): \_\_\_\_\_

AMGA Investigator: \_\_\_\_\_

A “Significant Financial Interest” (SFI) is defined as receipt either by you, your spouse, or your dependent children of any of the following:

- Income that exceeds \$5,000 from an entity, measured on a rolling 12-month basis. This may be one payment of more than \$5,000, or multiple payments that in the aggregate exceed \$5,000 and are received within the previous 12 months;
- Acquisition of equity in a public company that exceeds \$5,000 in value;
- Aggregated income and equity/ownership interest from a public company that exceeds \$5,000, as measured on a rolling 12-month basis;
- Equity/ownership interest in a privately-held company;
- Any income that exceeds \$5,000 from rights to intellectual property, as measured on a rolling 12 month basis; and
- All reimbursed and “sponsored” travel that exceeds \$5,000, as measured on a rolling 12-month basis.

Payments received from AMGA are excluded from this definition as are payments received from the following entities for teaching activities, lectures, seminars, or services on advisory committees or review panels.

- Government agencies
- U.S. Institutions of higher education and research institutes affiliated with them
- Academic teaching hospitals
- Medical centers

You do not have to report:

- Salary, royalties, travel or other remuneration from AMGA or your employer
- Income from investment vehicles over which you do to not exercise control, such as mutual funds and retirement accounts.

**Do you, your spouse or dependent children have Significant Financial Interests (SFIs) related to your responsibilities for research conducted on an AMGA federally awarded grant?**

- Yes**, I have Significant Financial Interests to report. (Please provide information about your SFIs including reimbursed and sponsored travel.)
- No**, I have no Significant Financial Interests, including travel, to report.

By submitting this form, you are confirming you have read and will abide by the **AMGA's Financial Conflict of Interest Policy (FCOI) In Public Health Service (PHS) Funded Research**. You understand your obligation to disclose any change(s) within 30 days of acquiring a new significant financial interest or other conflict of interest that may arise after submission of this form.

**Investigator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information provided below will be treated as confidential. Please contact the Office of the Vice President of Research and Analytics at AMGA at [cshekailo@amga.org](mailto:cshekailo@amga.org) or 703.838.0033 with any questions or concerns.

**Equity/Ownership (stock, stock options...)**

Entity Name: \_\_\_\_\_

Interest/Compensation/Reimbursement Amount: \_\_\_\_\_

Describe Interest/Activity (Person holding interest, work performed, etc): \_\_\_\_\_

\_\_\_\_\_

**Remuneration (consulting fees, speakers' bureau, honoraria...)**

Entity Name: \_\_\_\_\_

Interest/Compensation/Reimbursement Amount: \_\_\_\_\_

Describe Interest/Activity (Person holding interest, work performed, etc): \_\_\_\_\_

\_\_\_\_\_

**Associations, Memberships, Positions (board of directors, offices...)**

Entity Name: \_\_\_\_\_

Interest/Compensation/Reimbursement Amount: \_\_\_\_\_

Describe Interest/Activity (Person holding interest, work performed, etc): \_\_\_\_\_

\_\_\_\_\_

**Intellectual Property Rights/Royalty Income**

Entity Name: \_\_\_\_\_

Interest/Compensation/Reimbursement Amount: \_\_\_\_\_

Describe Interest/Activity (Person holding interest, work performed, etc): \_\_\_\_\_

\_\_\_\_\_

**Travel**

Entity Name: \_\_\_\_\_

Interest/Compensation/Reimbursement Amount: \_\_\_\_\_

Describe Interest/Activity (Person holding interest, work performed, etc): \_\_\_\_\_

\_\_\_\_\_

**Additional Comments:**

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