

PHS Financial Conflict of Interest Information Request Form

Directions

This form is to be used for all requests for information regarding the financial conflicts of interest of senior and key personnel participating in research at the University of Illinois at Urbana-Champaign that is funded by the Public Health Service.

Please complete one form for each individual investigator regarding whom information is requested.

Please submit the form to FCOIrequest@illinois.edu or by US mail to

FCOI Information Request
Office of the Vice Chancellor for Research
University of Illinois at Urbana-Champaign
601 East John Street, MC-304
Champaign, Illinois 61820-5711

Your Contact Information (please type or print legibly)

Name

Address

City

State

Zipcode

Email address

Daytime phone number

FCOI Information Request for Senior/Key PHS-Funded Investigator (Please type or print legibly.)

We will provide the investigator's name, title, and role with respect to the research project, along with the name of the entity in which the SFI is held, the nature of the SFI, and the approximate dollar value of the SFI or a statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value.

Name of Investigator

Home Department

PHS-Funded Research Project

(Optional) Reason you are requesting this information:

(Optional) Comments: