

**This Reporting Form should not be used by SMD, SON, AS&E and ESM faculty/staff.  
Please use the web-based reporting system, locations are located at  
<http://www.rochester.edu/orpa/compliance/#fcoi> .**

**University of Rochester**

**Reporting Form – Outside Compensated Activities**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School/Department(s): \_\_\_\_\_ Period:  annual: Jan. 1, 2020 – present

OR  ad hoc

**Due: March 1, 2021 (for annual reporting process)**

Purpose: The purpose of this survey is to report all compensated outside activities that may influence, or appear to influence, an individual's University responsibilities in clinical care, research, teaching or administrative services. The goal is to assist faculty members and others in identifying and managing potential conflicts of interest in their University activities. By reporting and managing financial relationships, the University of Rochester and its faculty and staff can work together to avoid situations that may appear to compromise their integrity. Completion of this survey also fulfills federal grant requirements for reporting of financial interests in research.

Who Must Complete This Survey:

- All University of Rochester faculty members with paid academic, clinical or research appointments;
- All study coordinators or other employees actively involved in negotiation or conduct of sponsored clinical research at the University of Rochester who have a financial relationship with a study sponsor.

Timing: This survey must be completed within 60 days of appointment/hire, annually no later than March 15th for the prior year, and to provide updates after the annual reporting cycle has been completed (e.g. when a new financial interest is acquired that is related to a faculty member's sponsored research, or when a new sponsored research project is submitted).

Background/Assistance: Your responses will be shared with your Department Chair, Dean, and Division Chief and/or Center Director when applicable. If your personal circumstances require your disclosures to be reviewed differently, please contact the Dean's office for advice.

For background on the UR policy requirements, refer to the Faculty Policy on [Conflict of Interest and Commitment](#) and [URMC Industry Interactions Policy](#). If you conduct clinical trials, see also the URMC's [Guidelines for Managing Faculty Conflicts of Interest in Clinical Trials](#). You may also contact your Department Chair, the Office of Research and Project Administration or Office of Counsel.

Please answer the following questions:

- A. Did you receive payment or anything else of value from any organization outside of the University of Rochester for your participation in professional and/or academic activities? (Do not include salary support from University of Rochester grants or contracts, or compensation from U.S, Federal, state or local governmental agencies, U.S. institutions of higher education, U.S. research institutes affiliated with institutions of higher education, U.S. academic teaching hospitals, medical centers, or advisory committees or review panels for U.S. entities. Note: receipt of payment or anything else of value from a foreign source must be reported.)

Yes \_\_\_\_\_ No \_\_\_\_\_

- B. Do you or any of your family members (spouse, domestic partner, dependent children) have any intellectual property rights, e.g. patents, trademarks, copyrights, licenses, or royalties? (Note: Do not include intellectual property rights that are owned by the University of Rochester.)

Yes \_\_\_\_\_ No \_\_\_\_\_

- C. Do you or any of your family members (spouse, domestic partner, dependent children) have any ownership, employment or fiduciary relationship with an outside organization that does business with, or seeks to do business with, the University?

Yes \_\_\_\_\_ No \_\_\_\_\_

- D. Do you or any of your family members (spouse, domestic partner, dependent children) own or control equity (e.g. stock or other ownership not held through a mutual fund) in any company with a business interest that is related to your institutional responsibilities (e.g. research, teaching, clinical or administrative duties)?

Yes \_\_\_\_\_ No \_\_\_\_\_

- E. Are you or any of your family members (spouse, domestic partner, dependent children) an officer, director, partner or employee in any company or organization with a business interest that is related to your institutional responsibilities (e.g. research, teaching, clinical or administrative duties)?

Yes \_\_\_\_\_ No \_\_\_\_\_

- F. Do you or any family members (spouse, domestic partner, dependent children) have any other activities outside of the University of Rochester, or receive any other external payments that could appear to be related to your institutional responsibilities, not already reported in the preceding survey questions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered Yes to any of the above questions, please explain your answers. Include a description of your activities, number of days (if applicable), and amount of compensation or value. If you participate in UR research funded by an outside entity with which you have an interest as indicated above, or if your UR research involves a drug or device of the entity, describe the study and your role in the study. If there is not sufficient room below, respond on the back or on an attached sheet.

Certification:

I certify that (a) the responses above are true and complete to the best of my knowledge, (b) I have read the University of Rochester Faculty Policy on Conflict of Commitment and Interest, and (c) I am in compliance with University of Rochester policies related to conflicts of interest and commitment. I will comply with any conditions or restrictions imposed by the University to manage actual or potential conflicts of interest.

I agree to notify my Chair or other immediate supervisor and update this form when my financial interests or relationships or activities with outside entities, or those of my family members, significantly change.

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_