

Georgetown University Study-Specific Disclosure Form

Each Investigator – defined as an individual responsible for the design, conduct, or reporting of research – must complete this form. Principal Investigators are responsible for ensuring that all other Investigators on a project complete this form.

Name of Investigator Submitting Disclosure:

Dep't Div.:

Tel:

E-mail:

Project/Grant Title:

PI Dep't/Div.:

Project PI:

RX# (if known):

Sponsor(s):

Agency/Sponsor Grant # (if known):

Please ensure that your Investigator General Disclosure Form ("Investigator GDF")—which contains your disclosures regarding outside activities and financial interests related to your institutional responsibilities/activities—is current and complete. **If your Investigator GDF is not current, you must update it now.** If you have any outside activities and financial interests related to this research, you must ensure that they are disclosed in your general disclosure as required by the [University's Financial Conflict of Interest Policy](#) ("FCOI Policy"). If you do not have access to the University's electronic general Disclosure System ([TRACS](#)), you must fill out the PDF version of the Investigator GDF, accessible via the [Office of Regulatory Affairs](#).

Investigators with access to the electronic Disclosure System (TRACS)

I have completed my Investigator GDF in [TRACS](#).

Yes No *(please log-in & complete your form)*

Investigators without access to TRACS

Please complete a PDF of the Investigator GDF and attach.

1. Yes No Have you reported any financial interests (on your Investigator GDF) of outside activities related to your institutional responsibilities/activities?

2(a). Yes No Are any of the interests related to the project listed above?
If yes, please explain how each related interest is related to the research.

2(b). Yes No Are any of the interests in an outside entity that owns, manufactures or distributes a drug, compound, device or other substance or article being tested or used in this project?
If yes, please provide details.

2(c). Yes No Are any of the interests in a product, or an outside entity that owns, manufactures or distributes a product, that, to the best of your knowledge, competes with the drug, compound, device or other substance or article being tested or used in this project?
If yes, please provide details.

2(d). Yes No Are any of the interests intellectual property interests in technology related to this project?
If yes, please explain what the intellectual property is and how it relates to the research.

I have read the [Georgetown University Financial Conflict of Interest Policy](#) ("FCOI Policy"), and the answers on my Investigator general disclosure form and this study-specific disclosure form are accurate to the best of my knowledge. If I am submitting a grant application for NIH, NSF, or other federal agency funding, I acknowledge that I have received a summary of the applicable federal regulations relating to financial conflict of interest ("FCOI") in extramural research and I agree to abide by the disclosure responsibilities of an Investigator as defined in these regulations. If GU determines that an FCOI exists, I agree to comply with any condition imposed by the University pursuant to the GU FCOI Policy (and/or applicable laws or regulations) to manage, reduce, or eliminate the FCOI, or I will withdraw as an Investigator on this research. I will update this disclosure annually or within 30 days if my circumstances change, either because of a change in my or my family's financial interests, a change in my University activities, or any other changes that could affect the fact or appearance of an FCOI.

Name of Investigator Submitting Disclosure (printed): _____

Address: _____

Signature: _____ Date: _____

