

# 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: \_\_\_\_\_

