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| **Information required** | **Information / Comments** |
| **Name of the Investigator with the FCOI** |  |
| **Investigator’s title and role on the NIH-funded project** |  |
| **Principal Investigator/s on Grant** |  |
| **NIH grant reference** |  |
| **Aptos account code** |  |
| **Name of the entity with which the Investigator has an FCOI** |  |
| **Nature of the financial interest** (e.g. equity, consulting fee, travel reimbursement, honorarium) |  |
| **Value of the financial interest (dollar ranges are permissible)**  $0 - $4,999; $5K - $9,999; $10K - $19,999  Amounts between $20K and $100K by increments of $20K  Amounts above $100K by increments of $50K  If the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value, a statement is required |  |
| **How does the financial interest relate to the NIH-funded project and why has Inserm determined that the financial interest conflicts with such research?** |  |
| **What are the role and principal duties of the conflicted Investigator in the NIH-funded research project?** |  |
| **What are the conditions of this management plan?** |  |
| **Which individuals have been involved in drawing up this Management Plan (names and roles)?** |  |
| **How is the management plan designed to safeguard objectivity in the research project?** |  |
| **How will the management plan be monitored to ensure Investigator compliance?** |  |
| **Updated Management Plan to any previously submitted to the NIH:**  **What is the status of the management plan** (i.e., whether the financial conflict is still being managed or explain why the financial conflict no longer exists)**?**  **Include a description of any changes to the management plan since the last FCOI report was submitted to the NIH.** |  |
| **Other relevant information** |  |
| **Investigator’s signature and Date of Signature** (confirmation of the Investigator’s understanding of and agreement to the management plan) |  |
| **official** (Signature, Name, and Date of Signature) |  |