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| --- | --- |
| **Information required** | **Information / Comments** |
| **Name of the Investigator with the SFI / FCOI** |  |
| **Investigator’s title and role within the NIH-funded project** |  |
| **Principal Investigator’s Name** |  |
| **NIH grant reference** |  |
| **Aptos account code** |  |
| **Project title** |  |
| **Name of the entity with which the Investigator has an FCOI** |  |
| **Reason(s) for the retrospective review** |  |
| **Detailed methodology used for the retrospective review** (e.g. methodology of the review process, composition of the review panel, documents reviewed, etc.) |  |
| **Findings of the review** |  |
| **Impact of any bias found on the project** (e.g. extent of harm done, including any qualitative or quantitative data to support any actual or future harm; analysis of whether the research project is salvageable) |  |
| **Plan of action or actions taken to eliminate or mitigate the effect of any bias found** |  |
| **Conclusions of the review, including whether the SFI constitutes an FCOI and reasons for the decision, and next steps with regard to reporting to NIH** |  |
| **Which individuals have been involved in drawing up this compiling the data on this form (names and roles)** |  |
| **Signature** (Name and Date of Signature) |  |
| **Date of completion** |  |