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**SECTION I:**  
**Research, Clinical Care, and Education**

1. Do you Conduct Research?

*This question refers only to research sponsored by or through Columbia, including research: (a) conducted pursuant to an agreement between Columbia and a third party; or (b) supported by funding that is administered through Columbia; or (c) requiring review by a Columbia regulatory body (e.g., IRB, IACUC).*

***Please see Definitions for more information.***

Yes

No

2. The U.S. Public Health Service (PHS) includes NIH, CDC, and other HHS agencies. Do you currently participate, or do you expect to participate, in PHS-sponsored research? *This question includes funding from PHS to a third party that flows down to Columbia as a subrecipient.*

Yes

No

3. Are you involved in clinical care or education activities at CUMC or any affiliated hospital or facility?

Yes

No

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*Please answer the following questions about whether you hold financial interests related to your Columbia Research, Clinical Care and/or Education activities.*

*As more fully defined in the "Definitions" section, a Financial Interest is anything of monetary value, including, but not limited to:*

- *compensation for services (e.g., consulting fees or honoraria);*
- *stock or other equity interests;*
- *royalties and license fees; and*
- *directorships and management roles.*

*The term Financial Interest does **not** include (1) salary paid through Columbia, or (2) income from seminars, lectures, teaching, service on advisory committees or review panels sponsored by a Federal, state or local government agency, a U.S. institution of higher education, an academic teaching hospital, a medical center, or a research institute affiliated with a U.S. institution of*

*higher education.*

*These questions apply to Financial Interests held within the past 12 months, and/or anticipated to be held within the next 12 months.*

*You must identify a business in response to each question to which it applies.*

## **RESEARCH**

R1. Do you or does a member of your Family have a Financial Interest in a Business (including a non-profit entity) that provides funding (through a research agreement, gift, or other arrangement) for your Research?

Yes  
No

R2. Do you or does a member of your Family have a Financial Interest in a Business (including a non-profit entity) that supplies drugs, devices, or other goods that are the subject of your Research, pursuant to a material transfer agreement, research agreement, or otherwise?

Yes  
No

R3. Do you or does a member of your Family have a Financial Interest in a Business (including a non-profit entity) that provides services or other deliverables in connection with your Research?

Yes  
No

R4. Do you or does a member of your Family have a Financial Interest in a Business (including a non-profit entity) that owns, licenses, or has any other contractual interest in a Technology being investigated in your Research?

Yes  
No

R5. Do you or does a member of your Family have a Financial Interest in a Business (including a non-profit entity) that holds a U.S. Food and Drug Administration Investigational New Drug (IND) application or Investigational Device Exemption (IDE) for a Technology being investigated in your Research?

Yes  
No

R6. Do you or does a member of your Family have a Financial Interest (directly or indirectly) in a medical education company, marketing partnership, or other entity that acts for or on behalf of a Business (including a non-profit entity) that funds your Research or otherwise fits within one of the categories identified in Questions R1 through R5?

Yes  
No

R7. Do you or does a member of your Family have any other Financial Interest that would reasonably appear to be affected by the outcome of your Research?

Yes  
No

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This is the annual COI disclosure form for CUMC.

For P&S faculty and researchers, information about your outside financial interests that are related to any of your clinical or educational activities over the previous 12 months will be posted on a publicly accessible Columbia University website ( <https://www.rascal.columbia.edu/public/coi> ).

At the end of the form, a table will summarize all the information you have provided about financial interests that relate to your Columbia activities. A second "preview" table will appear containing information relating to clinical care and/or education that will be posted on the publicly accessible website. **PRIOR TO CERTIFYING** your form, please ensure the accuracy of all your information listed in both tables. With the advent of public disclosure and the federal Open Payments "Sunshine Act" website, faculty need to ensure that their annual COI disclosures have been filed in Rascal and that any updated information has been disclosed per University policy.

For help completing sections of the form related to clinical care and education for P&S, please contact the Office of Academic Affairs ([ps-coi@columbia.edu](mailto:ps-coi@columbia.edu)).

### **CLINICAL CARE AND EDUCATION**

*Please answer the following questions regarding your outside financial interests related to any professional clinical or educational activities, even if performed outside of Columbia or its affiliates.*

Faculty are required to disclose outside financial interests related to any of their professional clinical or educational activities, even if such professional activity is performed outside of Columbia or its affiliates. You should include any interest of a biomedical nature that is dependent on your clinical or educational expertise or responsibilities for the University.

*All outside financial interests related to any clinical or educational activities MUST be disclosed in this "Clinical Care and Education" section, even if disclosed in response to questions in any other section on this form (e.g. under Research).*

C/E1. Do you or does a member of your Family have or receive a Financial Interest in or from any Business in any way related to any of your clinical or educational activities?

*In answering this question, you should consult the definition of Financial Interest by using the link to Definitions on the left side of the screen.*

*In addition, for purposes of this question you should EXCLUDE:*

- *Private practice income/income from clinical practice; and*
- *Remuneration for travel expenses, if limited to payment for legitimate professional speaking and consulting engagements (see your school's Policy).*

Yes  
No

C/E2. Do you give presentations that are directly sponsored by a Business or its agent concerning the products or services of that Business? *[If yes, please note: for each Business, remuneration for these activities should be included and explained in your response to the previous question regarding professional services related to commercial activities.]*

Yes  
No

C/E3. Does the total of the Financial Interest(s) in all Businesses related to your clinical and/or teaching activities exceed \$50,000 in the aggregate?

Yes  
No

C/E4. Are you primarily employed by a pharmaceutical, biotechnology, medical device or medical education Business?

Yes  
No

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*If a Business Interest is identified in the Research or Clinical Care and Education Section of the form, the following questions are asked:*

**Please answer the following questions about your Financial Interests in the Business(es) you have identified.**

**test** (*inserted for sample form*)

**Equity:**

Do you or does a member of your Family hold equity (e.g., stock or stock options, or other ownership interests) in **test**?

Yes  
No

*If Yes-*

Is **test** publicly owned (i.e., is the stock publicly traded)?

Yes  
No

Does the equity interest in **test** exceed \$5,000 or 5% ownership of the company?

Yes  
No

Please provide a description of the equity, including the current value; who holds the equity (e.g., you, Family member); the equity security (e.g., stock, stock options, other); and the reason the equity was or will be received:



**Services/Speaking:**

Over the past 12 months, have you or has a member of your Family received payment for services from **test** (not including travel reimbursement or payments related to intellectual property)?

Yes  
No

*If Yes-*


Please select the amount of payment received from test over the previous 12 months.

- \$0-\$5000
- \$5,001-\$10,000
- \$10,001-\$25,000
- \$25,001-\$49,999
- \$50,000 or more

Please select the option(s) that best describe(s) the nature of the services provided over the past 12 months (select all that apply):

- Consultation and/or expert testimony
- Member of advisory board
- Speaking
- Other

Please provide a description, including who performs the services (e.g., you, Family member), and the nature of the relationship with **test**:



Over the next 12 months, do you or does a member of your Family anticipate receiving payment for services from **test** (not including travel reimbursement or payments related to intellectual property)?

Yes  
No

*If Yes-*

Please select the amount of payment received from test over the previous 12 months.

- \$0-\$5000
- \$5,001-\$10,000
- \$10,001-\$25,000
- \$25,001-\$49,999
- \$50,000 or more

Please select the option(s) that best describe(s) the nature of the services provided over the past 12 months (select all that apply):

- Consultation and/or expert testimony
- Member of advisory board
- Speaking
- Other

Please provide a description, including who performs the services (e.g., you, Family member), and the nature of the relationship with **test**:



Does **test** reimburse you for travel and/or other expenses?

Yes  
No

*If Yes-*  
Please describe:



**IP payments:**

Over the past 12 months, have you or has a member of your Family received royalties, license fees, or other payments related to intellectual property rights from test, either through Columbia or directly from **test**?

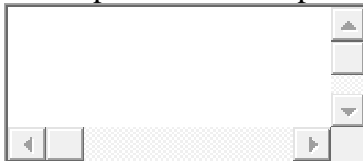
Yes  
No

*If Yes-*

Please select the amount of IP-related payment received from test over the previous 12 months.

- \$0-\$5000
- \$5,001-\$10,000
- \$10,001-\$25,000
- \$25,001-\$49,999
- \$50,000 or more

Please provide a description of the intellectual property and its relation to your work:



Over the next 12 months, do you or does a member of your Family anticipate receiving royalties, license fees, or other payments related to intellectual property rights from **test**, either through Columbia or directly from **test**?


Yes  
No

*If Yes-*

Please select the amount of IP-related payment expected from test over the next 12 months.

- \$0-\$5000
- \$5,001-\$10,000
- \$10,001-\$25,000
- \$25,001-\$49,999
- \$50,000 or more

Please provide a description of the intellectual property and its relation to your work:



**Special relationship(s):**

During the previous 12 months, did you or a member of your Family hold a directorship, management role, or other special relationship(s) with **test** having the potential for personal material gain?

Yes  
No

*If Yes-*

Please select the amount of payment received from test over the previous 12 months for your directorship, management role, and/or other special relationship(s):

- No Compensation
- \$0-\$5000
- \$5,001-\$10,000
- \$10,001-\$25,000
- \$25,001-\$49,999
- \$50,000 or more

Please select the option(s) that best describe(s) the relationship(s) (select all that apply):



- Board of Directors
- Management Role
- Other

Please provide a description of the directorship, management role, or other special relationship(s), including who has the relationship(s) (e.g., you, Family member); the nature of the relationship with test, and whether test has paid or reimbursed you for travel:



Over the next 12 months, do you or does a member of your Family anticipate holding a directorship, management role, or other special relationship(s) with **test** having the potential for personal material gain?

- Yes
- No

*If Yes-*

Please select the amount of payment expected from test over the next 12 months for your directorship, management role, and/or other special relationship(s):

- No Compensation
- \$0-\$5000
- \$5,001-\$10,000
- \$10,001-\$25,000
- \$25,001-\$49,999
- \$50,000 or more

Please select the option(s) that best describe(s) the relationship(s) (select all that apply):

- Board of Directors
- Management Role
- Other

Please provide a description of the directorship, management role, or other special relationship(s), including who has the relationship(s) (e.g., you, Family member); the nature of the relationship with test, and whether test has paid or reimbursed you for travel:



**Other Financial Interest:**

Do you or does a member of your Family have any other Financial Interest in **test**?

Yes  
No

If Yes-

Please describe:

A rectangular text input field with a light gray border and a vertical scrollbar on the right side. The field is currently empty.

**Students, trainees, and subordinates:** Have you assigned any student, postdoctoral fellow, trainee, officer, support staff or other individual to a project related to **test**?

Yes  
No

If Yes-

Please provide the name(s), position(s), research role(s), and research project(s) of the assigned individuals:

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**SECTION II:**  
**Administrative and Other Activities**

A1. Do you hold an Executive Position in any outside Business related to your work at Columbia? For example, at the Medical Center such a Business would be in the biomedical or healthcare related fields.

Yes  
No

SAMPLE OF RASCAL COI ANNUAL DISCLOSURE FORM

*Actual form may have additional questions for clarification*

A2. Have you participated in or influenced the University's selection of a contractor, vendor, or supplier of goods, equipment, or services in or from which you or any member of your Family has or receives a Financial Interest? *[For purposes of this question only, a Financial Interest does not include any interest in a public company held by your or your Family that in the aggregate is less than five percent of outstanding shares.]*

Yes

No

A3. Have you participated in or influenced any University transaction to buy, sell, lease or license real, intellectual or other property to or from any member of your Family (including yourself) or any Business in or from which you or any member of your Family has or receives a Financial Interest? *[For purposes of this question only, a Financial Interest does not include any interest in a public company held by your or your Family that in the aggregate is less than five percent of outstanding shares.]*

Yes

No

A4. Have you used University facilities, equipment, clerical services, intellectual property, the services of University students or employees or the University's name to support activities unrelated to your University activities? *[Describe only one use. If there is more than one relevant use, you will be prompted to disclose additional uses.]*

Yes

No

A5. Is any member of your immediate Family employed by the University in a position that is subordinate, supervisory, or collaborative to you?

Yes

No

A6. Other than compensation or benefits received in connection with University employment, have you or any member of your Family received any benefit as a result of any transaction or relationship that relates to your activities for the University?

Yes

No

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**SECTION III:**  
**Additional Questions for Public Health Service Investigators**

P1. Other than what you have already listed on this form, do you have a Financial Interest that relates to your Institutional Responsibilities at Columbia? (For example, this would include honoraria or compensation from a Business, including a non-profit entity, for work in your field of expertise.)

Yes  
No

*Federal regulations effective August 24, 2012 **require** that you disclose **any** sponsored or reimbursed travel related to your institutional responsibilities within 30 days of its occurrence, even if you do not think the travel specifically relates to your federally funded research.*

***You are NOT required to disclose travel funded through the University and charged to a sponsored project or departmental account.***

*NIH also has provided that if you are able to anticipate your sponsored travel for the next 12 months, you may list it on this form and then will not need to make the "within 30 days" disclosure, unless there is a change to the sponsor, purpose, destination, or duration of travel.*

P2. During the previous 12 months, has any Business paid or reimbursed your expenses for travel that relates to your Institutional Responsibilities? *You must include travel sponsored by non-profit entities, except for government agencies, U.S. institutions of higher education, academic teaching hospitals, medical centers or research institutes affiliated with a U.S. institution of higher education.*

Yes  
No

P3. Over the next 12 months, do you anticipate that any Business will pay or reimburse your expenses for travel that relates to your Institutional Responsibilities? *You must include travel sponsored by non-profit entities, except for government agencies, U.S. institutions of higher education, academic teaching hospitals, medical centers or research institutes affiliated with a U.S. institution of higher education.*

Yes  
No