

- 1) Access COI-SMART. Use SSO in AU Access by clicking the COI-SMART button under the My Funding tab or [login to COI-SMART](#). Click 'My Questionnaires' in the left sidebar.
- 2) Click the most recent Questionnaire submitted by you.

The most recent Questionnaire will be at the end of the list.

★ My Questionnaires

Click on **Start the Questionnaire** to begin answering a new questionnaire. If you wish to **Revise** your answers to a previously submitted questionnaire, click on the questionnaire you wish to edit. An **Options Menu** will appear under the list giving you the option to revise it.

Locate a specific answer to a question:  Search

Show 10 entries

Questionnaire Name	Status	Due Date	Last Submission Date
Disclosure of Potential Financial Conflict of Interest For Public Health Service (PHS) (2013-2014)	Closed	06/30/2012	--
Disclosure of Potential Financial Conflict of Interest For Public Health Service (PHS) (2013-2014)	Closed	08/31/2013	--
Disclosure of Potential Financial Conflict of Interest For Public Health Service (PHS) (2014-2015)	Closed	09/19/2014	06/08/2015

- 3) Click 'Download with All Responses.' Open the pdf. It's easiest to do this on a second screen, if you have one available.

Disclosure of Potential Financial Conflict of Interest For Public Health Service (PHS) (2014-2015)

This Questionnaire is now closed. You may still revise your answers by clicking on a "Revise" link below for a particular question.

Click on one of the icons below to download or email a copy of your answers to this questionnaire

Email Responses Download with All Responses Download with Most Recent Response

QUESTION	STATUS	ACTION
PHS Regulations and Auburn University Policy and Procedures require PHS Investigators to disclose Significant Financial Interests for themselves and their Immediate Family (spouse and dependent children) that relate to their Institutional Responsibilities.  For PHS purposes, the term Investigator includes the project director or principal investigator and any other person regardless of title or position, who is responsible for the design, conduct, or reporting of research funded by the PHS, or proposed for such funding, which may include for example, collaborators or consultants.  As used in this questionnaire, the term Research includes any such activity for which research funding is available from a PHS Awarding Component through a grant or cooperative agreement, whether authorized under the PHS Act or other statutory authority. It encompasses basic and applied research and product development and includes contracts, grants, clinical trials, training grants, licensing agreements, material transfer agreements, non-disclosure agreements, product testing agreements or other forms of PHS awarded funding.  1 If you are not an Investigator, as defined above, responsible for the design, conduct, or reporting of research funded by the PHS, or proposing for such funding you are NOT required to complete this questionnaire.	Complete	Show Revisions Revise

**Do NOT go through each question shown on this screen and click "Revise."** Continue through these directions and revise only the answers that have changed. **However, you MUST RECERTIFY your submission by revising the certification question at the very end of the questionnaire.**

- 5) View each question and your previous answers in the pdf download of your questionnaire.

Income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education;

Income from service on advisory committees or review panels for a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education;

Select the category or categories that describe the nature of your University responsibilities (mark all that apply):

Response : Faculty Investigator

QUESTION 2 - COL2014.2 (Revised on: March 11, 2015, 9:02 am ET)

Did you or your Immediate Family (spouse and/or dependent children) receive in the past 12 months Remuneration from a publicly traded Entity which relates to your Institutional Responsibilities?

Please indicate Yes or No:

Response : No

REVISION 1 FOR QUESTION 2 - COL2014.Z.R1 (Revised on: June 4, 2015, 12:40 pm ET)

Did you or your Immediate Family (spouse and/or dependent children) receive in the past 12 months Remuneration from a publicly traded Entity which relates to your Institutional Responsibilities?

Look at your most recent answer to a question, which will be in **black**. Any previous answer that has been revised will be grayed out.

**If no answers have changed, skip to Instruction (11) to recertify.**

- 6) Click **Revise only** when there is a change to an answer! Example: You have obtained stock in a publicly traded company that relates to your University research since you submitted your most current questionnaire. Click Revise.

3	Do you or your Immediate Family (spouse and/or dependent children) currently maintain an EQUITY INTEREST in a publicly traded Entity which relates to your Institutional Responsibilities?	Complete	Revise
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7) Enter the accurate answer (and any follow-up answers). Click **'CONTINUE TO THE QUESTION REVISION SUBMISSION PAGE.'**

Do you or your Immediate Family (spouse and/or dependent children) currently maintain an **EQUITY INTEREST** in a publicly traded Entity which relates to your **INSTITUTIONAL RESPONSIBILITIES**?

Please indicate Yes or No:

Yes

No

Upload one or more files as attachments to this response if you wish to supply supporting documentation

Browse...  (5 MB Limit)

**Revision/Append Note:** Original answers are retained to provide history of disclosures. Your original and revised answers will appear if you print a copy of this questionnaire.

**Submit Revision to this Question**

By typing in the box below, I certify that:

This is a complete and accurate report of my and my immediate family's external commitments and financial interests (Significant Financial Interest, Intellectual Property, and Travel) in entities that are related to my Auburn duties.

I have read and I understand the Auburn University PHS Conflict of Interest Policy and the procedures set for by Auburn University as they apply to me. I agree to comply with the policies and procedures of Auburn University related to financial conflicts of interest and reported.

You have completed the revision for this question.

Type the word **revise** in the text box below before clicking the "Submit Revision to this Question" button to indicate that you are ready to submit your revised question.

**NOTE:** You need to type "revise" and click "Submit Revision to this Question" for each independent question you wish to revise. After you do so, you will have the opportunity to revise another question.

Type revise :

8) If you agree to the certification, type 'revise' in the open red box. Click **'SUBMIT REVISION TO THIS QUESTION.'**

9) Click **'REVISE ANOTHER QUESTION'** if you need to revise another SFI question or if you are ready to recertify your questionnaire.

**Submit Revision to this Question**

The questionnaire was submitted successfully.

Please click on the document icon below to print or save a copy of your disclosure.



Thank you for completing the COI Questionnaire

Or

10) You will see a screen that displays the question for which you've just submitted a revised answer. At this point, you can **click on the number of any other questions that need to be revised** to ensure that your disclosure questionnaire is accurate and complete.

★ Disclosure of Potential Financial Conflict of Interest For Public Health Service (PHS) (2014-2015)

◀ 1 2 **3** 4 5 6 7 8 9 10 ▶

**Significant Financial Interest in Publicly Traded Entities - Equity**

Do you or your Immediate Family (spouse and/or dependent children) currently maintain an **EQUITY INTEREST** in a publicly traded Entity which relates to your **INSTITUTIONAL RESPONSIBILITIES**?

Please indicate Yes or No:

11) If you have **NO REVISIONS** to your answers (meaning every answer is current), click 'Revise' on the Questionnaire List by the **FINAL QUESTION NUMBER TO RECERTIFY YOUR QUESTIONNAIRE.**

10 By entering my name in the box below, I certify that all information submitted is accurate and complete to the best of my knowledge as of this date. Complete Show Revisions **Revise**

**OR, IF YOU'VE MADE REVISIONS,** click the **FINAL QUESTION NUMBER TO RECERTIFY YOUR QUESTIONNAIRE.**

★ Disclosure of Potential Financial Conflic... 14-2015

1 2 3 4 5 6 7 8 **10**

The number of the last question may change from year to year.

**Certification**

By entering my name in the box below, I certify that all information submitted is accurate and complete to the best of my knowledge as of this date.

testing user

Upload one or more files as attachments to this response if you wish to supply supporting documentation

Browse... UPLoad (5 MB Limit)

Revision/Append Note: Original answers are retained to provide history of disclosures. Your original and revised answers will appear if you print a copy of this questionnaire.

**CONTINUE TO THE QUESTION REVISION SUBMISSION PAGE** CANCEL AND EXIT

Enter your name in the open box to recertify your Questionnaire. This revises the Certification answer to certify that all answers are currently accurate and complete.

Click '**CONTINUE TO THE QUESTION REVISION SUBMISSION PAGE.**'

**Submit Revision to this Question**

By typing in the box below, I certify that:

This is a complete and accurate report of my and my immediate family's external commitments and financial interests (Significant Financial Interest, Intellectual Property, and Travel) in entities that are related to my Auburn duties.

I have read and I understand the Auburn University PHS Conflict of Interest Policy and the procedures set for by Auburn University as they apply to me. I agree to comply with the policies and procedures of Auburn University related to financial conflicts of interest and reported.

You have completed the revision for this question.

Type the word **revise** in the text box below before clicking the "Submit Revision to this Question" button to indicate that you are ready to submit your revised question.

NOTE: You need to type "revise" and click "Submit Revision to this Question" for each independent question you wish to revise. After you do so, you will have the opportunity to revise another question.

Type revise :

**SUBMIT REVISION TO THIS QUESTION** CANCEL

12) If you agree to the certification, type "revise" in the open red box. Click '**SUBMIT REVISION TO THIS QUESTION.**'

**Submit Revision to this Question**

The questionnaire was submitted successfully.

Please click on the document icon below to print or save a copy of your disclosure.

Thank you for completing the COI Questionnaire

**REVISE ANOTHER QUESTION** **LOG OFF**

Or

**RETURN TO QUESTIONNAIRE LIST**

13) **You have successfully recertified/revise your disclosure questionnaire!** You'll receive an email notifying you of your successful submission. You may print or save a pdf of your disclosure. Click '**LOG OFF.**'

If you disclosed any significant financial interests, they will be reviewed by the University reviewer at the appropriate time. You may be contacted for assistance or additional information during this process.

**Thank you for participating in the AU FCOI Program!**