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| **Non-Rutgers Investigator CoI Attestation Form** |
| **Protocol Information** |
| **All Researchers (Principal Investigators and all Key Personnel) who are not Rutgers’ employees, must complete this form when applying for any extramural project. This form provides provisions and certifications required by Public Health Service Agencies, NSF, other sponsors, and Rutgers University.**  *Rutgers University is committed to assuring objectivity in research in accordance with federal requirements in order to preserve the public trust and promote the integrity of research. Its policies and practices are based on the applicable federal regulations: 42 CFR Section 50, Subpart F and 45 CFR Part 94.* |
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| Researcher’s Name | Rutgers University Principal Investigator |
|  |  |
| Project Title | Protocol / Log Number |
|  |  |
| Sponsor / Funding Source | Start Date | End Date (optional) |
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| **Certifications (Check One)** |
| □ | **Researcher’s Non-Rutgers Institution does follow a PHS-Compliant CoI Policy which abides by the following:** (1) All Significant Financial Interests (SFI) related to the Researcher’s Institutional responsibilities have been disclosed; (2) Any new SFI acquired or discovered altering any previous disclosure will be reported within 30 days of identification or acquisition; (3) All identified CoI have or will be satisfactorily managed, reduced, or eliminated **prior** to the expenditure of any funds under any resulting grant or agreement **and**, as required by Rutgers University, any identified CoI information shall be provided to the Rutgers University Office of Research and Regulatory Affairs. |
| □ | **Researcher’s Non-Rutgers Institution does not have an active and/or enforced CoI policy and hereby agrees to:** (1) Abide by Rutgers University’s Conflict of Interest Policy 90.2.5 and procedures, available at <http://policies.rutgers.edu/view-policies/research-section-90#2> (2) Complete their CoI disclosure online, available at <http://ecoi.rutgers.edu>, at the time of proposal submission, to disclose any SFI.  |
| **For Researcher** |
| By signing this form, the Researcher certifies that the statements provided on this form are accurate and complete. The Researcher understands the continuing obligation to disclose any change(s) to Significant Financial Interests and other Conflicts of Interests that may arise after submission of this form.  |
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| Signature of Researcher | Business Address |
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| Business Email | Business Phone |