The University of Iowa Outgoing Subaward Conflict of Interest Questionnaire – Form B

UI Principal Investigator:	Project Title:
Subrecipient Organization:	
Subrecipient Key Personnel*: 1.	2.
* - Key Personnel –any individual who will be conducting a substantive portion of the research and who has the authority to make independent decisions about the direction of the research and the subsequent conclusions about the results. This includes individuals who are likely to be authors on manuscripts or to present research findings at national conferences. It does not include administrative personnel or individuals who perform routine, pre-defined, or incidental tasks related to this project.	
Instructions for an author	rized signing official of the Subrecipient Organization:
Which of the following applies to your organization? (check one):	
Your organization has a policy that complies with the applicable Public Health Service (PHS) or <a checklist_policy_dev_20120412.pdf"="" coi="" grants="" href="https://www.hat.org/ha</td></tr><tr><td colspan=2>The University of Iowa Conflict of Interest in Research Office will send the Financial Interest Disclosure form and the Conflict of Interest Training Module to you after you have returned this questionnaire.</td></tr><tr><td colspan=2>If you are interested in developing your own conflict of interest policy and financial interest disclosure form, you can find helpful information at: grants.nih.gov/grants/policy/coi/checklist_policy_dev_20120412.pdf grants.nih.gov/grants/policy/coi/index.htm	
Completed By (Subrecipient Authorized Official): """P co g<	
Phone:	Email:
Signature:	Date:
Please return to (University of Iowa contact):	
Email:	
Campus Address:	

The University of Iowa Iowa City, Iowa 52242

FORM B