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***Financial Conflict of Interest (FCOI) Disclosure Form***

The Materials Research Society (MRS) maintains a Financial Conflict of Interest policy in order to maintain institutional compliance and eligibility for the application of and receipt of federal funding, including grants, sub awards and cooperative agreements. Please refer to the Materials Research Society’s Financial Conflict of Interest policy and investigator requirements at <https://mrs.org/about-mrs/the-society/annual-reports/financial-disclosures-and-conflict-of-interest/>. The Investigator and Institution acknowledges and agrees to abide by Materials Research Society policy as reflected by the attestation below.

Name of Investigator completing the form: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Investigator Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A “Significant Financial Interest” (SFI) is defined as the receipt by you, your spouse, or your dependent children of any of the following that is related to your institutional responsibilities:

* **Income that exceeds $5,000** from any outside entity, measured on a rolling 12‐month basis.

This may be one payment from a particular company of more than $5000, or multiple

 payments from the same company that in the aggregate exceed $5000 and are received within

 the previous 12months.

* Acquisition of **equity in a public company that exceeds $5000** in value;
* **Aggregated income and equity/ownership interest** from a public company **that exceeds**

**$5,000**, as measured on a rolling 12‐month basis; **ANY equity/ownership interest in a privately‐held company**;

* **An income that exceeds $5,000 from rights in intellectual property**, as measured on a rolling

12 month basis;

* **All reimbursed and “sponsored” travel that exceeds $5,000**, as measured on a rolling 12‐

month basis.

Excluded from this definition are payments (including travel) received from Materials Research Society. Also excluded from this definition are payments received from any of the following entities, provided these payments are received for teaching engagements, lectures, seminars, or services on advisory committees or review panels:

* Government agencies
* US institutions of higher education and research institutes affiliated with them
* Academic teaching hospitals
* Medical centers

Further, you do not have to report:

* Salary, royalties, travel, or other remuneration through your employer
* Income from investment vehicles over which you do not exercise control, such as mutual funds and retirement accounts

*Do you, including your spouse and dependent children, have any Significant Financial Interests (SFIs) related to your responsibilities or research conducted for this symposium or conference?*

□ Yes, I have Significant Financial Interests to report. (Please provide information about your SFIs including reimbursed and sponsored travel on the next page)

□ No, I have no Significant Financial Interests, including travel, to report.

By submitting this form you are confirming that you have 1) 1) read the Materials Research Society’s Financial Conflict of Interest Policy, 2) have completed the NIH Financial Conflict of Interest online tutorial, and 3) will abide by Materials Research Society’s Financial Conflict of Interest Policy. You understand your obligation to disclose any change(s) within 30 days of acquiring a new significant financial interest or other conflict of interest that may arise after submission of this form.

Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send the completed form to** **forrest@mrs.org****.**

The information provided below will be treated as confidential:

|  |  |  |  |
| --- | --- | --- | --- |
| Interest/Activity Type | Entity Name | Interest/Compensation/reimbursement amount | Describe Interest/activity (person holding work performed) |
| Equity/Ownership(stock, stock options…) |  |  |  |
| Remuneration (consulting fees, speaker’s bureau, honoraria..) |  |  |  |
| Associations, Memberships, Positions (board of directors, offices…) |  |  |  |
| Intellectual Property rights/Royalty income |  |  |  |
| Travel |  |  | Please include purpose of trip:Identify the sponsor/organizer:Destination:Dates: |