COI Monitoring Plan Renewal Form

Instructions for Employee: Please email this signed and completed form to ori@fiu.edu.

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| --- | --- |
| Name of Employee: |       |
| College/Center (for independent centers): |       |
| Department: |       |
| Campus Address: |       |
| Campus Phone/Fax: |       |
| Campus E-Mail Address: |       |

|  |  |
| --- | --- |
| Monitoring Plan Approval Number (referred to below as the “Monitoring Plan”): |       |
| Review Type: | [ ]  Annual\* [ ]  Semi-Annual [ ] Quarterly [ ]  Other: Explain:       |

Monitoring Plan Related To:

|  |  |
| --- | --- |
| Company Name (referred to below as the “Company”): |       |
| Other: |       |

Please complete the following questions to notify of **any changed circumstances since the establishment of the Monitoring Plan or since you completed your last COI Monitoring Plan Renewal form**.

1. Please attach a copy of the approved annual Report of Outside Activity/Conflict of Interest for you from the Human Resources electronic system since the Monitoring Plan was made effective. Have you requested the use of any University resources for the Company since the Monitoring Plan became effective?

[ ]  Yes [ ]  No. If yes, please explain:

1. Has there been any change in the positions that you hold with the Company?

[ ]  Yes [ ]  No. If yes, please explain:

1. Do you currently hold a leadership or managerial position with the Company?
[ ]  Yes [ ]  No. If yes, please explain:
2. Have there been any changes in the corporate structure of the Company or is there any new corporate entity that should be addressed in the monitoring plan?  Example, changes in ownership of the Company or any new corporate affiliations of the Company which impact the subject matter of the monitoring plan.

[ ]  Yes [ ]  No. If yes, please explain:

1. Are there any new research or license agreements with the Company and the University?

[ ]  Yes [ ]  No. If yes, please explain:

1. Are there any new contractual relationships between the Company and the University other than research or license agreements per item #4 above?
[ ]  Yes [ ]  No. If yes, please explain:
2. Do you have any new consulting agreements or any other new contractual agreements with the Company?

[ ]  Yes [ ]  No. If yes, please explain:

1. Have you received royalties from licenses of intellectual property by outside sources (not FIU or FIURF licenses) to the Company related to this Monitoring plan?

[ ]  Yes [ ]  No.

If yes, please explain and state the amount you received over the past fiscal year and any anticipated amount for the upcoming fiscal year:

1. Has anything changed in relation to your or your spouse’s or dependent children’s ownership of stock or any other ownership interest in the Company?
[ ]  Yes [ ]  No. If yes, please explain:
2. Do you supervise any new students who conduct activities for, or are affiliated with, the Company?

[ ]  Yes [ ]  No. If yes, please list their names and Panther IDs:

1. Do you supervise any new FIU employees (non-students) who conduct activities for, or are affiliated with, the Company?

[ ]  Yes [ ]  No. If yes, please list their names:

1. Please list all FIU employees who have an association or financial interest with/in the Company that you have not already disclosed.

If there is no change in the information that you previously provided, check here: [ ]  None. Otherwise, list here:

1. Do you have any changes to make to the information you provided for inclusion in Employee Disclosure Statement relating to your interest/position at the Company?

[ ]  Yes [ ]  No. If yes, attach a proposed revised Employee Disclosure Statement.

1. Please provide a list of any new publications or press articles that have been published or accepted for publication for projects that were funded or supported by the Company. If none, check here: [ ]  None. [ ]  List is attached.
2. Please list any references to the University that are contained on any Company website or other documentation that have not been previously disclosed. If none, check here: [ ]  None. Otherwise, list here:
3. Have you become involved in any pre-clinical or clinical trials associated with the intellectual property covered under this Monitoring Plan that you have not previously disclosed? [ ]  Yes [ ]  No.

If yes, please identify the sponsor, protocol title, PI/Co-PIs, location of trial and list IRB approval #s:

Also, attach a copy of the approved informed consent form, which discloses the conflict.

1. Have you complied with all the requirements of your Monitoring Plan?

[ ]  Yes [ ]  No. If no, please explain:

Certification by Employee

I have provided the information listed above to ensure compliance with the full disclosure requirements of Florida International University. All information is true and correct to the best of my knowledge. I will promptly provide corrections to the information above if I learn that any is not accurate.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

COI Monitoring Committee Review

|  |  |
| --- | --- |
| Name of Employee: |       |
| Monitoring Plan Approval Number: |       |

The COI Monitoring Committee has determined the following: (mark the items that apply)

The corresponding Request for Exemption/Disclosure Form:

[ ]  Should be amended as noted on the attached revised Exemption/Disclosure form

[ ]  Should remain unchanged

[ ]  Is no longer required

[ ]  N/A. A Request for Exemption/Disclosure does not apply to this Monitoring Plan

Explain the reasons for determination marked above:

The Monitoring Plan:

[ ]  Should be amended as reflected in the attached revised Monitoring Plan

[ ]  Should remain unchanged

[ ]  Is no longer required

[ ]  Exhibit B should be updated as noted in the attached Exhibit B and presented to the students and personnel working in the employee’s lab or applicable project(s)

[ ]  Review is complete and acceptable

Explain the reasons for determination marked above:

Certification by the COI Monitoring Committee performing the review:

This review and discussion with the employee was conducted in accordance with the terms and conditions of the approved Monitoring Plan. The results of this review are acceptable conditioned on the updates or changes as noted above.

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 Signature of COI-RC Chair

 Print Name:

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_