Financial Conflict of Interest Related to Research

**Policy Statement**

Cornell University is committed to overseeing the conduct of research in a manner that ensures the integrity of the research process and maintains the public trust and that of sponsors in the integrity and credibility of its faculty, its staff, and its research programs. This commitment requires the university to ensure that there is no reasonable expectation that research results are biased by the external commitments and financial interests of persons who are responsible for the design, conduct, reporting, or direct administration of university research. Such individuals are, for the purposes of this policy, referred to as “research personnel.” Research, for the purpose of this policy, includes all sponsored projects, including research and extension, and all non-sponsored university research.

This policy identifies and addresses the real or apparent financial conflicts of interest presented by the intersection of research activities and personal financial interests, and defines the requirements of all research personnel to ensure that those activities are conducted objectively and without consideration of personal financial gain.

**Reason for Policy**

The integrity of Cornell University’s research is of the utmost importance. The principles and procedures of this policy assure that university research personnel will report their external commitments and financial interests in a timely manner and that the real and apparent financial conflicts of interests of research personnel will be identified and responsibly managed. This policy complements the University Conflicts Policy and establishes the Financial Conflicts of Interest Committee (fCOIC), and for Weill Cornell Medical College units, the Conflicts Advisory Panel (CAP) as review bodies for real and apparent conflicts of interest related to research. This policy promotes compliance with all applicable federal and state laws, regulations, and policies regarding financial conflicts of interest.

**Entities Affected by this Policy**

- All units of the university

**Who Should Read this Policy**

- All members of the university academic staff, and research personnel
- Deans and unit heads
- Administrative managers
- All members of the Weill Cornell Medical College community

**Web Address for this Policy**

- This policy: www.dfa.cornell.edu/treasurer/policyoffice/policies/volumes/academic/financialconflict.cfm
- University Policy Office: www.policy.cornell.edu
POLICY 1.7
Financial Conflict of Interest Related to Research

CONTENTS

Policy Statement ................................. 1
Reason for Policy ................................ 1
Entities Affected by this Policy ................. 1
Who Should Read this Policy ..................... 1
Web Address for this Policy ....................... 1
Related Resources .................................. 4
Contacts .............................................. 5
Definitions .......................................... 6
Responsibilities, Ithaca Campus Units .......... 10
Responsibilities, Weill Cornell Campus Units 12
Principles ........................................... 14
Overview ............................................ 14
Principle 1: External Relationships and Research 14
Principle 2: Legal Compliance .................... 14
Principle 3: Academic Freedom and Responsibility 14
Principle 4: Open Publication of Research Results 15
Principle 5: Entrepreneurship ...................... 15
Principle 6: Human Participant Research .......... 15
Principle 7: Full and Accurate Reporting ........ 16
Principle 8: Timely Reporting ...................... 16
Principle 9: University Oversight ................... 16
Principle 10: Management of Conflicts .......... 17
Principle 11: Reporting and Management Plan Compliance 17
Principle 12: Confidentiality and Sharing of Financial Information 17
Procedures, Ithaca Campus Units ............... 18
Administrative Structures ......................... 18
Report Review and Conflict Management ......... 19
Financial Conflict of Interest Reporting to Public Health Service Agencies 23
Sanctions and Mitigation Plans for Noncompliance 25
Training ............................................. 27
Audit ................................................ 28
Public Accessibility of a Conflict of Interest Related to Public Health Service-Funded Research 28
Sub-Recipients For Public Health Service-Funded Awards .................................. 28
Record Retention .................................. 29
Procedures, Weill Cornell Campus Units ...... 30
Administrative Structures ......................... 30
Financial Conflict of Interest Reporting to the National Institutes of Health 33
POLICY 1.7
Financial Conflict of Interest Related to Research

CONTENTS, continued

Sanctions and Mitigation Plans for Noncompliance 34
Conflict Management 36
Training 37
Sanctions for Noncompliance 37
Public Accessibility of a Conflict of Interest Related to Public Health Service-Funded Research 38
Sub-Recipients for Public Health Service Funded Awards 38
Audit 39
Record Retention 39
Index 40
### POLICY 1.7

**Financial Conflict of Interest Related to Research**

#### RELATED RESOURCES

<table>
<thead>
<tr>
<th>University Policies and Documents Applicable to All Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Policy 1.5, Inventions and Related Property Rights</td>
</tr>
<tr>
<td>University Policy 3.6, Financial Irregularities</td>
</tr>
<tr>
<td>University Policy 4.6, Standards of Ethical Conduct</td>
</tr>
<tr>
<td>University Policy 4.7, Retention of University Records</td>
</tr>
<tr>
<td>University Policy 4.14, Conflicts of Interest and Commitment (Excluding Financial Conflict of Interest Related to Research)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>University Policies and Documents Applicable to Only Ithaca Campus Units</th>
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<tbody>
<tr>
<td>University Policy 1.4, Care and Use of Animals in Teaching and Research</td>
</tr>
<tr>
<td>Code of Academic Integrity</td>
</tr>
<tr>
<td>Cornell Conflict of Interest and Conflict of Commitment, maintained by the Office of Research Integrity and Assurance</td>
</tr>
<tr>
<td>Dismissal/Suspension Policy for Faculty Members (PDF)</td>
</tr>
<tr>
<td>Faculty Appeals Procedures</td>
</tr>
<tr>
<td>Faculty Handbook, Chapter 5: Academic Policies and Responsibilities, page 78</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University Policies and Documents Applicable to Only Weill Cornell Campus Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weill Cornell Medical College Conflicts Management Program website, maintained by the Office of Research Integrity</td>
</tr>
<tr>
<td>Weill Cornell Medical College Faculty Handbook</td>
</tr>
</tbody>
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<tr>
<th>External Documentation</th>
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</thead>
<tbody>
<tr>
<td>Bayh-Dole Act of 1980</td>
</tr>
<tr>
<td>National Institutes of Health: Financial Conflicts of Interest and Research Objectivity: Issues for Investigators And Institutional Review Boards</td>
</tr>
<tr>
<td>National Institutes of Health Tutorial on Financial Conflict of Interest</td>
</tr>
<tr>
<td>National Science Foundation Grant Policy Manual, Chapter V, section 510, Conflict of Interest Policies (PDF)</td>
</tr>
<tr>
<td>Recognizing and Managing Personal Financial Conflicts of Interest, Council on Governmental Relations, Winter 2002 (PDF)</td>
</tr>
<tr>
<td>U.S. Food and Drug Administration, Financial Disclosure by Clinical Investigators</td>
</tr>
</tbody>
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<tr>
<th>University Forms and Systems</th>
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<tbody>
<tr>
<td>Conflicts of Interest Reporting System (WCMC)</td>
</tr>
<tr>
<td>Cornell Hotline</td>
</tr>
</tbody>
</table>
POLICY 1.7

Financial Conflict of Interest Related to Research

CONTACTS

Direct any general questions about this policy to your college or unit administrative office. If you have questions about specific issues, contact the following offices.

**Ithaca Campus Units**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Telephone</th>
<th>E-mail/Web Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Clarification, Ithaca Campus Units</td>
<td>Office of Research Integrity and Assurance</td>
<td>(607) 255-2214</td>
<td><a href="mailto:coi@cornell.edu">coi@cornell.edu</a> <a href="http://www.oria.cornell.edu">www.oria.cornell.edu</a></td>
</tr>
<tr>
<td>Federal and State Laws and Regulations on Conflicts of Interest, Ithaca Campus Units</td>
<td>Office of Research Integrity and Assurance</td>
<td>(607) 255-2214</td>
<td><a href="mailto:coi@cornell.edu">coi@cornell.edu</a> <a href="http://www.oria.cornell.edu">www.oria.cornell.edu</a></td>
</tr>
</tbody>
</table>

**Weill Cornell Campus Units**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Telephone</th>
<th>E-mail/Web Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Clarification, Weill Cornell Campus Units</td>
<td>Office of Research Integrity and Assurance, Weill Cornell Medical College</td>
<td>(646) 962-8188</td>
<td><a href="mailto:researchIntegrity@med.cornell.edu">researchIntegrity@med.cornell.edu</a> <a href="http://www.med.cornell.edu/research/rea_com/">www.med.cornell.edu/research/rea_com/</a></td>
</tr>
<tr>
<td>Federal and State Laws and Regulations on Conflicts of Interest, Weill Cornell Campus Units</td>
<td>Office of Research Integrity and Assurance, Weill Cornell Medical College</td>
<td>(646) 962-8188</td>
<td><a href="mailto:researchIntegrity@med.cornell.edu">researchIntegrity@med.cornell.edu</a> <a href="http://www.med.cornell.edu/research/rea_com/">www.med.cornell.edu/research/rea_com/</a></td>
</tr>
</tbody>
</table>
DEFINITIONS

These definitions apply to terms as they are used in this policy.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic Staff Member</strong></td>
<td>Any instructional or research staff member listed in Article XVII, Section 1. of the Cornell University Bylaws (see Related Documents).</td>
</tr>
<tr>
<td><strong>Conflict Management</strong></td>
<td>Measures taken to address the risk of bias or the appearance of bias, protect research subjects, and maintain public trust in the institution's research and its personnel when research personnel may have a real or apparent financial conflict of interest (fCOI).</td>
</tr>
<tr>
<td><strong>Conflict of Commitment</strong></td>
<td>When an employee of the university engages in an outside activity that burdens or interferes with their fulfillment of primary commitments and obligations to the university, even if the outside activity is valuable to the university or contributes to their professional development and competence.</td>
</tr>
<tr>
<td><strong>Design, Conduct, or Reporting of Research</strong></td>
<td>Oversight, decision-making, or participation in research that includes creating the structure, roles, and/or protocol of a research project; participating in the execution of the research roles and protocol; participating in the publishing, presentation, or discussion of the research results.</td>
</tr>
<tr>
<td><strong>Direct Administration of Research</strong></td>
<td>Oversight or decision-making impacting research that includes, selection of vendors, determining the allocation of funds, sponsor negotiations for the research project, protocol review and approval, or managing resulting intellectual property and licensing opportunities.</td>
</tr>
<tr>
<td><strong>Disclose/Disclosure</strong></td>
<td>To provide relevant information about research personnel's financial interests related to a research project to parties inside and outside the institution to assure full awareness of potential conflicts and institutional efforts to address them. Compare with Report.</td>
</tr>
<tr>
<td><strong>Domestic Partner</strong></td>
<td>A person who meets the Cornell-Ithaca definition of domestic partner and whose partner has registered that relationship with the university in order to obtain benefits.</td>
</tr>
<tr>
<td><strong>External Commitment</strong></td>
<td>An obligation or activity (e.g., management, employment, advisory, or consulting role) that is not related to primary commitments or obligations to the university.</td>
</tr>
<tr>
<td><strong>External Entity</strong></td>
<td>An entity other than the university.</td>
</tr>
<tr>
<td><strong>Financial Conflict of Interest – Real, Apparent</strong></td>
<td>A real fCOI arises when a financial interest, or other opportunity for personal financial gain, is likely to compromise or influence the objective design, conduct, reporting, or direct administration of research. An apparent fCOI arises when there is a reasonable apprehension, which reasonably well-informed persons are likely to have, that an individual’s opportunity for personal financial gain could compromise or influence the design, conduct, reporting, or direct administration of research.</td>
</tr>
<tr>
<td><strong>Financial Interest</strong></td>
<td>Anything of monetary value, whether or not the value is readily ascertainable.</td>
</tr>
<tr>
<td><strong>Human Participant Research</strong></td>
<td>A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge, involving a living individual about whom an investigator (whether professional or student) conducting the research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information.</td>
</tr>
</tbody>
</table>
## POLICY 1.7

Financial Conflict of Interest Related to Research

### DEFINITIONS, continued

<table>
<thead>
<tr>
<th>Institutional/Cornell Responsibilities</th>
<th>Activities that contribute to, arise out of, or are impacted by research, teaching, service, outreach, publications, professional/clinical practice, other scholarly pursuits or Cornell administrative duties, such as service on panels or committees. This includes consulting, lectureships, service on external panels or committees, expert witness testimonies, book promotions, etc. that are related to or arise from an area of Cornell expertise and activities.</th>
</tr>
</thead>
</table>
| Key Personnel | Individuals responsible for the design, conduct, or reporting of a research study.  
For sponsored research: (1) principal investigators, co-investigators, and any other individual named in a sponsored project key personnel list, (2) anyone else who is independently responsible for the design, conduct and reporting of research, as determined by the principle investigator and any of the co-investigators on the research project, and (3) anyone who during the course of a sponsored project assumes a role synonymous with the roles above.  
For non-sponsored research: Those whose role on the research project is synonymous with the roles described above.  
For Institutional Review Board protocols: Principal investigators and co-investigators consistent with the procedures of each campus. |
| Management Plan | See Conflict Management. |
| Non-Sponsored University Research | The pursuit of professional interests through research that is supported by university funds including, but not limited to, internal allocations, gifts, endowment income, fellowships, licensing income, and cost sharing. |
| Public Health Service (PHS) Agencies | Within the Department of Health and Human Services (DHHS), the following eight agencies are designated components of the U.S. Public Health Service (PHS):  
1. The Agency for Healthcare Research and Quality (AHRQ),  
2. The Agency for Toxic Substances and Disease Registry (ATSDR)  
3. The Centers for Disease Control and Prevention (CDC)  
4. The Food and Drug Administration (FDA)  
5. The Health Resources and Services Administration (HRSA)  
6. The Indian Health Service (IHS)  
7. The National Institutes of Health (NIH)  
8. The Substance Abuse and Mental Health Services Administration (SAMHSA) |
| Report | To provide information to the university concerning one’s external commitments and financial interests. Compare with Disclose. |
| Report File | Information submitted on a report, and any pertinent information gathered in relation to a report required for a complete review of external commitments and financial interests. |
| Research | Research, for the purpose of this policy, includes all sponsored projects, including research and extension, and all non-sponsored university research. |
| Research Personnel | Any individual independently responsible for the design, conduct, or reporting of research, including key personnel, as well as those independently responsible for the direct administration of research. |
DEFINITIONS, continued

<table>
<thead>
<tr>
<th>Research-Related</th>
<th>An external commitment or financial interest that is likely to bias the outcome of research.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Financial Interest (SFI)</td>
<td>A financial interest consisting of one or more of an individual’s family’s interests that reasonably appears to be related to an individual’s Cornell responsibilities:</td>
</tr>
<tr>
<td>1.</td>
<td>With regard to any publicly traded entity, a significant financial interest (SFI) exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure and the value of any equity interest in the entity as of the date of disclosure, when aggregated, exceeds $5,000. For purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.</td>
</tr>
<tr>
<td>2.</td>
<td>With regard to any non-publicly traded entity, an SFI exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure, when aggregated, exceeds $5,000, or when an individual or his or her family holds any equity interest (e.g., stock, stock option, or other ownership interest).</td>
</tr>
<tr>
<td>3.</td>
<td>Related to intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests.</td>
</tr>
<tr>
<td>4.</td>
<td>As required by the federal regulations and only for research personnel on PHS funded awards or cooperative agreements issued on or after August 24, 2012, any travel that is reimbursed or paid on the individual’s behalf, related to the individual’s Cornell responsibilities, and determined by Cornell to constitute or contribute to an SFI. This excludes any travel that is reimbursed or sponsored by Cornell University, a federal, state, or local government agency; a U.S., non-profit 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.</td>
</tr>
</tbody>
</table>

The term significant financial interest (SFI) does not include the following types of financial interests:

- Salaries, royalties, or other remuneration paid by Cornell to an individual, including intellectual property rights assigned to the institution and agreements to share in royalties related to such rights.
- Income from investment vehicles, such as mutual funds and retirement accounts, as long as the individual does not directly control the investment decisions made in these vehicles.
- Income from seminars, lectures, or teaching engagements sponsored by, or income from service on advisory committees or review panels for a federal, state, or local government agency, a non-profit U.S. 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.
### DEFINITIONS, continued

- Any paid for or reimbursed travel determined by the Cornell to not constitute an SFI

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor</td>
<td>An external entity that funds or supports research. Sponsors include federal, state, and local governments and private entities, both non-profit and for profit.</td>
</tr>
<tr>
<td>Sponsored Research</td>
<td>Research funded by a sponsor through a grant, contract, or agreement.</td>
</tr>
<tr>
<td>Unit</td>
<td>A department, research center, institute, program, business service center, office, or other operating entity of the university.</td>
</tr>
<tr>
<td>Unit Head</td>
<td>A chair, director, or administrative lead in an operating unit of the university.</td>
</tr>
</tbody>
</table>
POLICY 1.7
Financial Conflict of Interest Related to Research

RESPONSIBILITIES, ITHACA CAMPUS UNITS

The major responsibilities each party has in connection with this policy are as follows:

| **Center for Technology Licensing (CTL)** | Appoint a representative to serve as a non-voting member of the Financial Conflicts of Interest Committee (FCOIC) and provide subject-matter expertise. Inform FCOIC and research personnel of required financial conflict of interest (FCOI) reporting related to licensing activity. |
| **Financial Conflicts of Interest Committee (FCOIC)** | Ensure that all real or apparent FCOIs related to research are identified and managed. Review FCOI reports and determine whether a real or apparent FCOI exists. Determine and promulgate management plans required to reduce or eliminate real or apparent FCOI. Monitor compliance with management plans. Review management plan appeals and appeal recommendations from the senior vice provost for research. Issue binding decisions on management plan appeals. Participate in investigation of cases of potential non-compliance. Report findings in accordance with policies and regulations. |
| **Financial Conflicts of Interest (FCOI) Administrator** | Provide regulatory, policy, and procedural expertise and administrative support to the FCOIC. Manage the FCOI reporting process. Assist in review of FCOI reports, determination of whether a real or apparent FCOI exists, and development of management plans. Assist and advise research personnel, units, university management, and others, as appropriate, on FCOI management, regulations, policy, and procedures. Make available to unit heads the information related to a real or potential conflict of commitment, and any non-research conflict of interest disclosed in an FCOI report. |
| **Institutional Official** | Establish and oversee the implementation of policies and procedures for solicitation and review of disclosures of significant financial interests from all research personnel, in accordance with the applicable federal regulations and university policies. Ensure that university policies and procedures comply with the FCOI policy in 42 CFR 50 Subpart F and 45CFR Part 94 (Contracts) in the design, conduct, and reporting of research funded under the Public Health Service (PHS) grants or cooperative agreements, or PHS contracts. |
| **Institutional Review Board for Human Participants (IRB)** | Ensure the protection of human participants as subjects of research. Ensure that all required FCOI review and management requirements are met prior to approving protocols. May add human participant protection measures to a management plan, but may not delete plan requirements. |
| **Key Personnel** | See Research Personnel responsibilities. |
| **Office of Research Integrity and Assurance (ORIA)** | Appoint a representative to serve as a non-voting member of the FCOIC and provide subject-matter expertise. |
### POLICY 1.7
Financial Conflict of Interest Related to Research

#### RESPONSIBILITIES, ITHACA CAMPUS UNITS, continued

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
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</table>
| **Office of Sponsored Programs (OSP)** | - Provide FCOI administrators to support the FCOIC and other functions necessary to the execution of this policy (see FCOI Administrators responsibilities).  
  - Investigate situations of potential FCOI non-compliance and report to the FCOIC, university executives, and external agencies as necessary.  
  - Report to federal agencies, sponsors, and other regulatory bodies as necessary.                                                                                                                                                                                                                             |
| **Principal Investigator (PI)**     | - Identify all key research personnel on proposals and research, inform them of related FCOI reporting requirements, and ensure that they submit FCOI reports prior to proposal or protocol submission.                                                                                                                                                            |
| **Research Personnel**              | - Report external commitments and financial interests fully, accurately, timely, in accordance with the requirements set forth by this policy.  
  - Follow the terms of required management plans.  
  - May submit a written request for reconsideration of a management plan.  
  - Subject to sanctions for non-compliance with management plan requirements.                                                                                                                                                                                                                       |
| **Senior Vice Provost for Research**| - Appoint the members of the FCOIC.  
  - Provide input on management plans at the request of the FCOIC.  
  - Review appeals of FCOIC decisions and may make recommendations to delete requirements of a management plan, but may not alter or remove requirements. May add requirements to a management plan.  
  - Implement sanctions for non-compliance with timely filing of reports or non-compliance with an approved management plan.                                                                                                                                 |
| **Unit/Unit Head**                  | - Identify and manage all conflicts of commitment and all non-research-related conflicts of interest.  
  - Determine if new employees or employees assuming new responsibilities are research personnel and if so, ensure that they complete an FCOI report within the required timeframe.  
  - If required by the FCOIC, assist in development and implementation of management plans for FCOIs related to research.  
  - As required by the FCOIC, implement aspects of management plans and report on plan compliance.  
  - Confer as requested with the senior vice provost for research regarding sanctions for non-compliance.                                                                                                                                                           |
| **University Counsel**              | - Appoint a representative to serve as a non-voting member of the FCOIC and provide subject-matter expertise.                                                                                                                                                                                                                           |
POLICY 1.7

Financial Conflict of Interest Related to Research

RESPONSIBILITIES, WEILL CORNELL CAMPUS UNITS

The major responsibilities each party has in connection with this policy are as follows:

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conflicts Advisory Panel (CAP)</strong></td>
<td>Ensure that all real or apparent financial conflicts of interest (fCOI) related to research are identified and managed. Review fCOI reports and determine whether a real or apparent fCOI exists. Determine and promulgate management plans required to reduce or eliminate real or apparent fCOI. Monitor compliance with management plans. Review management plan appeals and appeal recommendations from the provost for medical affairs. Issue binding decisions on management plan appeals. Participate in investigation of cases of potential non-compliance. Report findings in accordance with policies and regulations.</td>
</tr>
<tr>
<td><strong>Conflicts Office Administrator</strong></td>
<td>Provide regulatory, policy, and procedural expertise and administrative support to the Conflicts Advisory Panel (CAP). Manage the fCOI reporting process. Assist in review of fCOI reports, determination of whether a real or apparent fCOI exists, and development of management plans. Assist and advise research personnel, units, university management, and others, as appropriate, on fCOI management, regulations, policy, and procedures. Make available to unit heads the information related to a real or potential conflict of commitment, and any non-research conflict of interest disclosed in an fCOI report.</td>
</tr>
<tr>
<td><strong>Center for Technology Licensing (CTL)</strong></td>
<td>Appoint a representative to serve as a non-voting member of the CAP and provide subject-matter expertise. Inform CAP and research personnel of required fCOI reporting related to licensing activity.</td>
</tr>
<tr>
<td><strong>Director, Responsible Conduct of Research</strong></td>
<td>Investigate situations of potential fCOI non-compliance and report to the CAP, university executives, and external agencies as necessary. Report to federal agencies, sponsors, and other regulatory bodies as necessary.</td>
</tr>
<tr>
<td><strong>Institutional Review Board for Human Participants (IRB)</strong></td>
<td>Ensure the protection of human participants as subjects of research. Ensure that all required fCOI review and management requirements are met prior to approving protocols. May add human participant protection measures to a management plan, but may not delete plan requirements.</td>
</tr>
<tr>
<td><strong>Key Personnel</strong></td>
<td>See Research Personnel responsibilities.</td>
</tr>
<tr>
<td><strong>Office of Research Integrity and Assurance (ORIA), Weill Cornell Medical College</strong></td>
<td>Appoint a representative to serve as a non-voting member of the CAP and provide subject-matter expertise. Provide fCOI administrators to support the CAP and other functions necessary to the execution of this policy (see Conflicts Administrators responsibilities).</td>
</tr>
<tr>
<td><strong>Principal Investigator (PI)</strong></td>
<td>Identify all research personnel on proposals and research projects and co-investigators on Institutional Review Board protocols, inform...</td>
</tr>
<tr>
<td><strong>Responsibilities, Weill Cornell Campus Units, continued</strong></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Provost for Medical Affairs and Dean of the Medical College</strong></td>
<td></td>
</tr>
<tr>
<td>Appoint the members of the CAP.</td>
<td></td>
</tr>
<tr>
<td>Provide input on management plans at the request of the CAP.</td>
<td></td>
</tr>
<tr>
<td>Review appeals of CAP decisions and may make recommendations</td>
<td></td>
</tr>
<tr>
<td>to delete requirements of a management plan, but may not alter or</td>
<td></td>
</tr>
<tr>
<td>remove requirements. May add requirements to a management plan.</td>
<td></td>
</tr>
<tr>
<td>Implement sanctions for non-compliance with timely filing of reports or non-compliance with an approved management plan.</td>
<td></td>
</tr>
<tr>
<td><strong>Research and Sponsored Programs (RASP)</strong></td>
<td></td>
</tr>
<tr>
<td>Appoint a representative to serve as a non-voting member of the CAP and provide subject-matter expertise.</td>
<td></td>
</tr>
<tr>
<td>Coordinate with CAP to ensure that all required fCOI review and management requirements are met prior to submitting proposals and executing awards and other institutional agreements.</td>
<td></td>
</tr>
<tr>
<td><strong>Research Personnel</strong></td>
<td></td>
</tr>
<tr>
<td>Report external commitments and financial interests fully, accurately, timely, in accordance with the requirements set forth by this policy.</td>
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<td>Follow the terms of required management plans.</td>
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<tr>
<td>May submit a written request for reconsideration of a management plan.</td>
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<tr>
<td>Subject to sanctions for non-compliance with management plan requirements.</td>
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<tr>
<td><strong>Unit/Unit Head</strong></td>
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<tr>
<td>Determine if new employees or employees assuming new responsibilities are research personnel and if so, ensure that they complete an fCOI report within the required timeframe.</td>
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<tr>
<td>If required by the CAP, assist in development and implementation of management plans for fCOI related to research.</td>
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<tr>
<td>As required by the CAP, implement aspects of management plans and report on plan compliance.</td>
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<tr>
<td>Confer as requested with the Dean regarding sanctions for non-compliance.</td>
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<tr>
<td><strong>University Counsel</strong></td>
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<tr>
<td>Appoint a representative to serve as a non-voting member of the CAP and provide subject-matter expertise.</td>
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POLICY 1.7
Financial Conflict of Interest Related to Research

PRINCIPLES

Overview
The research, scholarship, and other professional activities of the university’s faculty, students, and staff are governed both by principles of academic freedom with responsibility and codes of academic integrity and ethical conduct. The principles outlined below protect academic freedoms, assure open publication of research results, and encourage a spirit of entrepreneurship. At the same time, university research personnel must exercise these ideals within the bounds of legal and ethical restraints. The conduct of research in compliance with applicable regulations and free from any reasonable expectation that the research results are biased by the financial self-interest of research personnel ensures the integrity of the research process, protects the public’s investment, and engenders and maintains the public trust in the integrity of the university’s research and education mission.

Principle 1: External Relationships and Research
The university recognizes the value of engagement in external organizations and activities. Such activities and relationships enable the transfer of knowledge and skills that enhance teaching, research, service, and the administration of university programs, as well as inspire solutions to benefit the world. Entrepreneurial endeavors and productive relationships with businesses can stimulate inquiry and provide opportunities to further academic research. However, the financial interests that accompany such relationships may lead to real or apparent financial conflicts of interest (fCOI).

Principle 2: Legal Compliance
This policy promotes compliance with all applicable federal and state laws and regulations regarding fCOI, including the National Institutes of Health (NIH), the National Science Foundation, the Food and Drug Administration (FDA), and other agencies that are part of the Public Health Service (PHS). It incorporates these requirements and, where appropriate and applicable, extends them to all research conducted at Cornell, whether externally sponsored or not. In addition, it provides for agency- or contract-specific requirements where applicable.

Principle 3: Academic Freedom and Responsibility
The university thrives when research and scholarship activities are pursued with vigor and unencumbered by constraint and censorship. At the same time, individuals conducting these activities have a primary responsibility to the university and are expected to perform their duties faithfully, legally, and ethically. Policies regarding academic freedom, integrity, and codes of conduct are referenced in the Related Resources section of this policy. Real or apparent fCOI will be managed appropriately to allow research personnel the latitude needed to pursue both their academic and external commitments, while ensuring that research is conducted with objectivity and integrity.
POLICY 1.7
Financial Conflict of Interest Related to Research

**PRINCIPLES, continued**

<table>
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<tr>
<th>Principle 4: Open Publication of Research Results</th>
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<td>A principal mission of the university is the pursuit of knowledge for the benefit and use of society. Accordingly, the university vigorously protects the free and open publication, presentation, and discussion of research results. The university prohibits external commitments and financial interests that restrict or unduly delay the publication and dissemination of research results, and it will not accept external agreements that preclude university research personnel, including graduate students and postdoctoral associates, from publishing and communicating any portion of their research, including in meetings with members of the Cornell community.</td>
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<th>Principle 5: Entrepreneurship</th>
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<tr>
<td>The university contributes to the economic development of New York State and the nation and brings important scientific and medical discoveries to the marketplace for the benefit of the public. Consistent with the Bayh-Dole Act of 1980, the university strongly encourages and supports the efforts of its research personnel to participate in the development and dissemination of intellectual property by entering into relationships with existing business entities or by starting their own. These relationships, however, also present situations where some degree of real or apparent FCOI is inevitable. These situations are appropriately managed, therefore, to ensure the integrity of the research process, the unbiased and effective development of university intellectual property, and the appropriate entrepreneurial participation and external engagement of its research personnel.</td>
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<th>Principle 6: Human Participant Research</th>
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<td>Research involving human participants is critical in developing knowledge and discoveries that will benefit society. Protecting the rights and welfare of human research participants is of the utmost importance and a requirement of all research personnel and the university. Of particular concern, therefore, are external commitments and financial interests that compromise or appear to compromise the rights and well-being of human research participants. The university scrutinizes the roles in such research of research personnel who have external commitments and financial interests with a sponsor or with an external entity that is related to, or can be affected by, the research. The university has instituted a rebuttable presumption that research personnel who are involved in the design, participant selection, informed consent process, or the clinical management of a trial cannot have a financial interest in an entity whose interest could be affected by the research. In other words, the default position is that participation in human participant research by conflicted research personnel is not allowed. However, there may be compelling circumstances in which conflicted research personnel would be permitted to participate in the research. In these cases, the management strategies for the involvement of conflicted researchers must be carefully adjusted to the level of anticipated risk. All financial interests and external relationships related to human-participant research that are not eliminated must be disclosed to all participants in the related research. The management plan must be implemented before research personnel can participate in</td>
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POLICY 1.7
Financial Conflict of Interest Related to Research

PRINCIPLES, continued

the design or conduct of the research, enrollment of participants, or analysis of the results.

The Ithaca Campus and Weill Cornell Medical College each operate Institutional Review Boards for Human Participants (IRB), which are charged with reviewing and monitoring human participant research conducted at the university. The IRBs have established rigorous policies and procedures for the review and approval of human participant research protocols. Those policies and procedures are followed in tandem with this policy.

Principle 7: Full and Accurate Reporting
Real and apparent fCOI may arise from any number and type of external commitments and financial interests, and particular expertise is required to determine whether they could affect, or could be perceived to affect, research activities and results. University research personnel are required to report fully and accurately all external commitments and all research-related financial interests in accordance with the procedures for each campus, in order to provide sufficient information for the identification of real and apparent fCOI. Research personnel must include the external commitments and financial interests of his/her spouse or domestic partner and dependent child(ren) in accordance with the procedures for each campus.

Principle 8: Timely Reporting
Reports of external commitments and financial interests must be made at regular intervals, as required by university policy and federal regulation, to allow the university to identify and manage real and apparent fCOI in a timely manner. Additional reporting events are prescribed by federal regulation, agency- and award-specific terms, and human subject protocol submission requirements, subject to each campus’ procedures. All research personnel must report (1) annually, (2) when external commitments and financial interests materially change, (3) when required by the sponsor or by the specific terms of an award, (4) upon appointment, (5) when newly assigned to a research personnel role, and (6) when otherwise required by the university.

Principle 9: University Oversight
Three principles are accounted for in the process of university review of reports of external commitments and financial interests: (1) respecting the confidentiality of reported information, (2) managing rigorously both real and apparent fCOI, and (3) achieving consistency across the university in the way that fCOI are identified and managed.

A central review committee on each campus develops conflict review procedures that ensure expert, confidential, and consistent review of reports across the university. Reviewers identify situations in which external commitments and financial interests may potentially compromise, or appear to compromise, the professional judgment of
POLICY 1.7
Financial Conflict of Interest Related to Research

PRINCIPLES, continued

research personnel in conducting or reporting research, including the collection, analysis, and interpretation of data, the hiring of staff, procurement of materials, sharing of results, choice of protocol, involvement of human participants, and the use of statistical methods.

**Principle 10: Management of Conflicts**

Real or apparent fCOI are addressed through a management plan. The plan must be designed to remove the bias, or the reasonable perception of bias, in research that the conflict raises, while allowing that degree of personal financial and professional freedom that is consistent with research integrity, the public trust, and the protection of human participants.

Real and apparent fCOI often can be managed, in whole or in part, by disclosing the implicated external commitments and financial interests to, as applicable, the university, journal publishers, granting agencies, conference organizers, audiences at presentations, colleagues, collaborators, students, or human participants. Other possible management plan measures include, but are not limited to, the monitoring by independent reviewers of the related research and/or of the student participation; modification of the research plan; and disqualification of the research personnel’s participation in all or a portion of the research project.

Special attention is paid when research personnel have academic oversight responsibilities for undergraduates, graduate students, or postdoctoral associates who are working on projects that are funded by, or conducted in collaboration with, an external entity in which the research personnel have a financial interest.

**Principle 11: Reporting and Management Plan Compliance**

Persons subject to this policy are required to report fully and accurately their external commitments and financial interests and to comply with any plans developed to manage their real or apparent fCOI. Disciplinary measures and sanctions will be imposed when they fail to report as required or when they fail to comply with management plans.

**Principle 12: Confidentiality and Sharing of Financial Information**

The university is committed to maintaining the confidentiality of reported information as far as is practicable and consistent with legal obligations. All information and written materials provided to the campus review committees are shared only with committee members and staff who are involved in the processing and review of the information, as well as those who create and implement management plans. Other individuals, including unit heads and IRB members and staff, receive this information on a need-to-know basis. Individuals with access to confidential personal information are required to sign a confidentiality agreement.
POLICY 1.7
Financial Conflict of Interest Related to Research

**PROCEDURES, ITHACA CAMPUS UNITS**

<table>
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<tr>
<th>Administrative Structures</th>
<th>Financial Conflicts of Interest Committee (fCOIC)</th>
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<tr>
<td></td>
<td><strong>a. Authority:</strong> The fCOIC has authority for reviewing external commitments and financial interests reported under this policy, in order to identify real or apparent financial conflicts of interest (fCOI) related to research, and address them in accordance with this policy and federal regulations. The fCOIC has the authority to promulgate binding fCOI management plans.</td>
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<td><strong>b. Scope of Responsibility:</strong> The fCOIC is responsible for ensuring that all real or apparent fCOI are identified and managed. The fCOIC reviews reported information, requests additional material as needed, identifies real or apparent fCOI, devises an appropriate plan to manage the conflict, communicates the plan to the research personnel, and monitors compliance with the plan.</td>
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<td><strong>c. Committee Membership:</strong> The fCOIC is appointed by the senior vice provost for research (SVPR) and includes as voting members no fewer than seven members of the Ithaca faculty chosen from both the endowed and contract colleges. The committee also includes, in a non-voting status, university administrators, including representatives from the Office of Research Integrity and Assurance (ORIA), Office of Sponsored Programs (OSP), Center for Technology Licensing (CTL), and the Office of University Counsel. The SVPR appoints one of the voting members to serve as chair of the fCOIC.</td>
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<td><strong>d. Financial Conflicts of Interest Committee (fCOIC) Training:</strong> fCOIC members receive appropriate training and continuing education in the identification and management of fCOI, including related university policies and procedures and federal regulations.</td>
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<td><strong>e. Confidentiality:</strong> As far as is practicable and consistent with legal obligations, Cornell protects the confidentiality of fCOI information. Information and written materials provided to the fCOIC and its administrators are shared to the most limited degree possible with those committee members and staff who are involved in the processing and review of reported information and the creation and implementation of management plans and others on a need-to-know basis.</td>
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**Office of Research Integrity and Assurance**

**Financial Conflict of Interest (fCOI) Administration:** ORIA includes staff responsible for providing administrative support to the fCOIC (“fCOI administrators”) and other key functions necessary to the execution of this policy and procedures. fCOI administrators (1) coordinate the reporting and collection of annual and event-based reports of external commitments and financial interests, (2) provide administrative support to the fCOIC, (3) conduct preliminary reviews of reports to
POLICY 1.7
Financial Conflict of Interest Related to Research

PROCEDURES, ITHACA CAMPUS UNITS, continued

assess completeness, and consult with the reporters and others as required to obtain clarifications and additional information required for making an fCOI determination, (4) are exempt from review those reports that do not present a significant fCOI related to research, (5) facilitate an expedited review of reports that present a common type of conflict that can be managed through standard measures such as disclosure to a journal, (6) assist the fCOIC in developing and monitoring management plans for more complex fCOI, and (7) assist and advise research personnel, units, university management, and others as appropriate on fCOI management, regulations, policy, and procedures.

Who Must File and When

All members of the Academic Staff and Research Personnel: All members of the academic staff and university research personnel, including key personnel, are required to report their external commitments and financial interests annually and on an event-required basis for themselves and their spouse/domestic partners and children (hereinafter called “family”).

What Must Be Reported:

- For determination of a conflict of commitment: Irrespective of dollar amount, a reporter’s external commitments or financial interests with an external entity, such as employment, service or consulting; or intellectual property or licensing.
- Significant financial interest (SFI), as defined in this policy, for a reporter or his or her family with any external entity whose activities could be related to the reporter’s Cornell responsibilities.
- Material changes to existing financial interests as described in “Event-Based Reports” below.

For each such external relationship or financial interest, reporters must provide all of the information required in the reporting form.

Annual Reports

1. **Required Reporting:** All required personnel must update their reports of external commitments and financial interests annually (“annual report”). The unit is responsible for identifying any newly appointed individuals who are subject to this policy, and ensuring that they file annual reports.

2. **Handling of Annual Reports:** fCOI administrators coordinate the solicitation and collection of the annual reports and review reports for the purpose of identifying real and apparent conflicts of interest related to research. Information relevant to conflicts of commitment and non-research-related conflict of interest is
POLICY 1.7

Financial Conflict of Interest Related to Research

PROCEDURES, ITHACA CAMPUS UNITS, continued

distributed to the units, which have responsibility for identifying and managing all such conflicts.

3. **Timely Reporting Requirement**: All required personnel must complete and submit their annual reports by the required deadlines.

**Event-Based Reports**

1. **New Appointments**: Upon the appointment of a new faculty member, academic staff member, or other employee, each unit head determines whether that individual is subject to this policy. Such appointees must complete the annual report within one month of his or her Cornell start date.

   The unit making the appointment is responsible for ensuring that these individuals are identified and complete their reports within the required timeframe.

2. **Newly Assigned Responsibilities**: Individuals who become newly responsible for the design, conduct, reporting, or direct administration of research are required to complete annual reports within one month of their assumption of such responsibilities.

   The unit making the assignment is responsible for ensuring that these individuals are identified to the FCOI administrator in ORIA and complete their reports within the required timeframe.

3. **Material Change in Circumstances**: All research personnel must amend their annual reports within 30 days of any material changes to their external financial interests related to their Cornell responsibilities.

4. **Sponsored Project-Specific Report**:
   a. Proposals: All key personnel for a proposal must declare if they have any proposal-specific financial interests that could impact the design, conduct, or reporting of the research, and report any sponsor-required information, at the time the principal investigator (PI) submits the proposal to the OSP. The OSP will not submit any grant proposal for which the declaration and required reporting for all key personnel have not been completed.

   b. Awards (to be implemented in fall 2012 for PHS-funded awards): Any resulting award may be distributed only after any SFIs related to the project have been reviewed and any management plan has been implemented.

5. **IRB Protocol-Specific Report for Research Involving Human Participants**: Non-student PIs and co-investigators for IRB protocols are required to declare if they have any project-related, external commitments and financial interests at the time
POLICY 1.7

Financial Conflict of Interest Related to Research

PROCEDURES, ITHACA CAMPUS UNITS, continued

they submit a protocol to the IRB. Any financial interests related to the project must be reviewed and any required management plans implemented prior to protocol approval.

6. For Key Personnel Funded Under PHS Awards or Cooperative Agreements Issued On or After August 24, 2012: A report within 30 days of the completion of travel, any reimbursed or paid travel that is related to your Cornell responsibilities. This excludes any travel that is reimbursed or paid for by Cornell University, a federal, state, or local government agency, a U.S., non-profit 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. The details of the disclosure will include at a minimum, the purpose of the trip, the identity of the sponsor/organizer, the destination, and the duration.

Report Review and Conflict Management

Unit-Level Review of Annual Reports, and Unit-Level Involvement in Identification and Management of a Financial Conflict of Interest (fCOI)

The unit head, per University Policy 4.14, Conflicts of Interest and Commitment, is responsible for addressing issues involving conflicts of commitment and non-research-related conflicts of interest.

In addition, the fCOIC and its administrators may call on units to supply additional information about reported external commitments and financial interests, and to assist in the development and implementation of management plans.

Financial Conflicts of Interest Committee (fCOIC) Review

The fCOIC and its administrators in ORIA are responsible for reviewing reports, collecting additional required information, identifying fCOI, and determining required management plans. Under the guidance of the fCOIC, fCOI administrators review all report files to make the preliminary determination as to whether the report file shall be processed as follows:

- Exemption from Review: No SFI exists and hence the report does not require further consideration.
- Expedited Review: External commitments and financial interests constitute an SFI and either present no real or apparent fCOI, or pose real or apparent fCOI that can be easily addressed by standard management plan measures (e.g., disclosure of the interest to journal publishers).
POLICY 1.7

Financial Conflict of Interest Related to Research

PROCEDURES, ITHACA CAMPUS UNITS, continued

- Full Committee Review: External commitments and financial interests exist that pose real or apparent fCOI that require full fCOIC review to develop an appropriate management plan.

Management Plan Development and Monitoring

1. **Management Plan Development**: The fCOIC subcommittees review the fCOIC administrators’ preliminary determinations of SFI and real or apparent fCOI and oversee development of proposed management plans. Where full committee review is advised, the fCOIC votes on whether a real or apparent fCOI exists, and, if so, whether to approve the recommended management plan as presented by the subcommittee or with modifications. Based on the fCOIC decisions, the fCOI administrator will finalize the management plan. Management measures may, as appropriate, include, but are not limited to, the following:

- Disclosure of the external commitment or financial interest to human participants, fellow researchers, students involved in the research activity, journal publishers, and/or others
- Research personnel’s abstention from certain project segments or decisions
- Modification of the external commitment or financial interest
- Modification of the research plan (including the assignment of responsibilities)
- Monitoring of the potentially affected research activity by an independent individual or subcommittee
- Divestiture or severance of an external commitment or financial interest
- Independent review of student research progress
- Discontinuation of advisee’s or subordinate employee’s participation in External Entity

The management plan will state who is responsible for overseeing the implementation of the plan, and for reporting on compliance at stated intervals to the fCOIC. If the management plan prescribes monitoring of the activity, it will describe specifically how the monitoring shall be performed, who shall perform it, what records are to be kept, and what reports are made to the fCOIC.

2. **Additional Input on Management Plans**: In making review and management decisions, the fCOIC and fCOI administrators may consult with others on an as-needed basis only, including campus administrative offices, University Counsel, and the SVPR, as well as the research personnel (and/or spouses/domestic partners or dependent children, if applicable) and unit heads, particularly when
POLICY 1.7

Financial Conflict of Interest Related to Research

PROCEDURES, ITHACA CAMPUS UNITS, continued

the management plan will likely require unit-level implementation and/or monitoring.

3. **Management Plan Notification:** The fCOIC communicates the fCOIC decision and management plan to the research personnel, and those responsible for implementation of the management plan. In addition, sponsors will be notified of the existence of a managed conflict if the regulations of that agency or award so require.

4. **Institutional Review Board (IRB) Review:** If a protocol-related external commitment or financial interest is identified in a protocol application, the IRB may not approve the protocol until the fCOIC has completed a review of the report file and any necessary management plan has been approved and implemented. The IRB has the authority to recommend, as a condition of protocol approval, adding human participant protection measures to an approved management plan, but does not have the authority to delete other items approved by the fCOIC.

5. **Appeals Process:** After receiving a notification of the fCOIC decision, research personnel must, within a time frame required by the fCOIC, acknowledge in writing agreement to comply with any required management plan or submit a written request for reconsideration to the fCOIC, which has the authority to review and affirm the previous decision or amend the management plan. The fCOIC will notify the research personnel and the responsible individual of the result of the appeal. Research personnel who do not agree with the fCOIC decision may submit a written request for reconsideration to the SVPR, who may recommend to the fCOIC that they alter or delete a requirement. The SVPR may not alter or remove a requirement. In all cases, the SVPR may add requirements to a management plan at his or her discretion. The fCOIC issues a final binding decision.

Financial Conflict of Interest Reporting to Public Health Service Agencies

For research personnel funded under a PHS award or cooperative agreement awarded on or after August 24, 2012, Cornell will provide to the appropriate PHS agency an fCOI report regarding any investigator’s SFI found to be an fCOI as follows:

- Prior to the expenditure of funds
- During the period of award
- Within 60 days of identifying a new fCOI
- At the same time as when the grantee submits an annual progress report, including multyear progress: report annually for the duration of the project
POLICY 1.7
Financial Conflict of Interest Related to Research

PROCEDURES, ITHACA CAMPUS UNITS, continued

period (including extensions with or without funds), addressing the status of the financial interest and any changes to the management plan and whether the fCOI is still being managed, or explain why the fCOI no longer exists

All fCOI reports will include the following information:

- The project number
- The PD/PI or contact PD/PI if a multiple PD/PI model is used
- The name of the investigator with the fCOI
- The name of the external entity with which the investigator has an SFI
- The nature of the financial interest (e.g., equity, consulting fee, travel reimbursement, honorarium)
- The value of the financial interest (dollar ranges are permissible: $0-$4,999; $5,000- $9,999; $10,000-$19,999; amounts between $20,000-$100,000 by increments of $20,000; amounts above $100,000 by increments of $50,000), or a statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value
- A description of how the financial interest relates to the PHS-funded research and why Cornell determined that the financial interest conflicts with such research
- A description of the key elements of the institution’s management plan, including the following:
  a. The role and principal duties of the conflicted investigator in the research project
  b. The conditions of the management plan
  c. How the management plan is designed to safeguard objectivity in the research project
  d. A confirmation of the investigator’s agreement to the management plan
  e. How the management plan will be monitored to ensure investigator compliance
  f. Other information as needed
### POLICY 1.7

**Financial Conflict of Interest Related to Research**

#### PROCEDURES, ITHACA CAMPUS UNITS, continued

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<tr>
<th>Sanctions and Mitigation Plans for Noncompliance</th>
<th>Annual Report of External Commitments and Financial Interests</th>
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<tr>
<td>Submitting the annual report by the filing deadline is a requirement of all members of the academic staff and research personnel. During the submission timeframe, individuals will be reminded of the reporting deadline. Those who fail to submit the report will be referred to the unit head and the SVPR. At the discretion of the SVPR, if an individual does not complete the reporting requirements, one or more of the following sanctions may apply, until the report is submitted:</td>
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<td>• The individual will be deemed ineligible to maintain PI, Co-PI, Key Personnel, or Faculty Advisor status on sponsored projects and on any research protocols (IRB, IACUC, IBC)</td>
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<td>• The individual will be deemed ineligible to enter into technology transfer agreements</td>
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<td>• A letter, over the signature of the SVPR, will be placed in the individual’s personnel file indicating that his or her good standing as a member of the faculty or university has been called into question</td>
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<tr>
<td>• Future annual salary increases will not be paid based on the duration of non-compliance. For non-compliance for any duration beginning at the deadline and for 14 days thereafter, the salary increase for the first full pay period of the next fiscal year will not be paid. For non-compliance of any duration during the next 15 days, a second pay period’s salary increase will not be paid, and so on. Unpaid amounts will not be reimbursed.</td>
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<td>• The individual’s research activities and associated salary will be suspended until the individual comes into compliance. Any suspension of research activities and associated salary will be undertaken in accordance with the applicable university policies and codes, including the Dismissal/Suspension Policy for Faculty Members (see the Related Resources section of this policy)</td>
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<td>• All academic appointments that are modified by the terms acting, adjunct, courtesy, and visiting will be terminated.</td>
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<td>• Salaries and stipends cannot be charged to sponsored projects for the entire pay period during which the individual is non-compliant. Appointing units will need to find unrestricted funds to pay for such salaries and stipends.</td>
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**Sponsored Project-Specific Report**

At a minimum, (1) research personnel who have not completed their proposal-specific declaration will not be able to submit the proposal or must be removed from the proposal before it is submitted, and (2) any awards for projects in which these...
POLICY 1.7
Financial Conflict of Interest Related to Research

PROCEDURES, ITHACA CAMPUS UNITS, continued

research personnel are participating will not be distributed by OSP until any required management plans have been implemented.

**IRB Protocol-Specific Report**

IRB protocols will not be processed until all non-student PIs and co-PIs named on a protocol to the IRB have declared the existence of any project-specific, external financial interests. The IRB will not approve a protocol unless all fCOI related to the research have been resolved.

**Reimbursed Travel Report for Senior Personnel on PHS-Funded Awards:**

The OSP will not distribute any new awards or renewals until key personnel on PHS-funded awards have submitted travel-related reports within 30 days of completing travel that meets the criteria outlined above in “What Must Be Reported.”

**Other Event-Based Reports**

Research personnel are required to provide other event-based reports as required by this policy, other Cornell policies, a sponsor’s award or contract, or regulations. Failure to provide such reports will result in the sanctions described in Sanctions for Noncompliance above.

**Management Plans**

The fCOIC will review cases of failure by research personnel to sign off on a conflict management plan and to adhere to an approved management plan and determine whether or not they constitute non-compliance with this policy. Determination of non-compliance will be cause for one or more of the sanctions noted in Sanctions for Noncompliance, at the discretion of the SVPR. In addition, where such failure is not remedied, the non-compliance may be reported to the pertinent sponsor, if applicable, and disciplinary action may be commenced, including academic misconduct proceedings, and, in severe cases, termination. Any academic misconduct or termination proceedings will be conducted in accordance with the applicable university policies and codes, including those set forth in the Faculty Handbook, the Code of Academic Integrity, the Dismissal/Suspension Policy for Faculty Members, and the Faculty Appeals Procedures (see the Related Resources section of this policy).

**Retrospective Review, Mitigation Plans and Reporting to PHS Agencies:**

For key personnel funded under PHS grants or cooperative agreements issued on or after August 24, 2012:

Whenever an fCOI is not identified or managed in a timely manner, including failure by the investigator to disclose an SFI, failure by the institution to review or manage an fCOI, or noncompliance with the management plan, Cornell will, within 120 days
POLICY 1.7

Financial Conflict of Interest Related to Research

PROCEDURES, ITHACA CAMPUS UNITS, continued

of the determination of noncompliance, complete a retrospective review of the Investigator’s activities and the project to determine bias in the design, conduct or reporting of such research. The retrospective review will include the following:

1. The project number
2. The project title
3. The PD/PI or contact PD/PI if a multiple PD/PI model is used
4. The name of the investigator with the fCOI
5. The name of the entity with which the investigator has an fCOI
6. The reason(s) for the retrospective review
7. The detailed methodology used for the retrospective review (e.g., methodology of the review process, composition of the review panel, documents reviewed)
8. The findings and conclusions of the review

When bias is found, ORIA will notify the appropriate PHS agency promptly and submit a mitigation report with the following pieces of information required under the regulations:

- The key elements documented in retrospective review
- A description of the impact of the bias on the research project
- A plan of action to eliminate or mitigate the effect of the bias

Training

For all research personnel: Must attest, as part of the annual reporting and any event-based report, that they have reviewed this policy, and understand and agree to comply with the requirements outlined in this policy.

For research personnel funded under PHS awards/cooperative agreements issued on or after August 24, 2012: In addition to the above, must complete training on their responsibilities for disclosure of external interests and other aspects of the National Institutes of Health (NIH) regulations under 42 CFR 50 (Subpart F) prior to engaging in NIH-funded research and at least every four years, and immediately under the designated circumstances whenever:

- Institutional fCOI policies change in a manner that affects the requirements for research personnel
- Cornell finds that the key personnel is not in compliance with Cornell’s fCOI policy or management plan
POLICY 1.7
Financial Conflict of Interest Related to Research

PROCEDURES, ITHACA CAMPUS UNITS, continued

Audit

The ORIA and/or the University Audit Office may conduct investigations of potential non-compliance with reporting requirements, management plans, or other policy-related issues, when necessary. Instances of non-compliance that require reporting to federal agencies, sponsors, and/or other regulatory bodies, will be determined by ORIA, University Audit, and/or the Office of the Vice Provost for Research, and acted on as required. The fCOIC, ORIA, and/or the University Audit Office may conduct audits and process and compliance reviews to identify needed improvements to the fCOI process.

Public Accessibility of a Conflict of Interest Related to Public Health Service-Funded Research

Applicable to key personnel on PHS-funded awards or cooperative agreements with issue dates on or after August 24, 2012:

To ensure public accessibility, ORIA will provide a written response within five business days of receiving a request submitted according to the procedures outlined on ORIA’s public website on fCOI, regarding information concerning any SFI disclosed to the institution that meets the following three criteria:

1. The SFI was disclosed and is still held by the key personnel for the NIH-funded research project identified by Cornell in the grant application, progress report, or any other required report submitted to the NIH
2. Cornell determines that the SFI is related to the NIH-funded research
3. Cornell determines that the SFI is a fCOI

The information that Cornell will make available via a written response will include the following:

- The investigator’s name
- The investigator’s title and role with respect to the research project
- The name of the entity in which the SFI is held
- The nature of the SFI
- The approximate dollar value of the SFI (dollar ranges are permissible: $0-$4,999; $5,000-$9,999; $10,000-$19,999; amounts between $20,000-$100,000 by increments of $20,000; amounts above $100,000 by increments of $50,000) or a statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value

Sub-Recipients For Public Health

For PHS-funded research that is carried out through a sub-recipient, Cornell will take reasonable steps to ensure that any sub-recipient investigator complies with 42CFR 50 subpart F, by incorporating in the certificate of commitment and in the contract,
POLICY 1.7
Financial Conflict of Interest Related to Research

PROCEDURES, ITHACA CAMPUS UNITS, continued

Service-Funded Awards

Terms that establish whether Cornell’s fCOI policy or the sub-recipient’s own fCOI policy will apply to its investigators, and include time periods to meet disclosure and/or fCOI reporting requirements.

Sub-recipient institutions who rely on their fCOI must report identified fCOI to Cornell in sufficient time to allow Cornell to report the fCOI to the NIH to meet its reporting obligations.

Except under special circumstances, organizations who do not have their own fCOI policy which complies with the NIH regulations, will be considered ineligible to be a sub-recipient for PHS awards until such time as they develop, adopt, and implement their policy and can demonstrate compliance with it in the conduct on the PHS-funded research.

Sub-recipient institutions that must comply with Cornell’s policy must submit all investigator disclosures of SFI to Cornell in sufficient time to allow Cornell to review, manage and report identified fCOI to the PHS agency.

Cornell will take reasonable measures to monitor the sub-recipient’s compliance with the fCOI regulation, management plans, and for reporting all identified fCOI to the appropriate PHS agency. This may include periodic review of the fCOI policy, disclosures or disclosure forms, management plans, and any other information deemed relevant to assessing the effectiveness of the sub-recipient’s fCOI disclosure and management process.

Record Retention

The fCOI administrators in ORIA will maintain the records regarding the fCOI process, in accordance with university policy and sponsors’ requirements.
POLICY 1.7
Financial Conflict of Interest Related to Research

PROCEDURES, WEILL CORNELL CAMPUS UNITS

Administrative Structures

Conflicts Management Office (CMO)

The provost for medical affairs or his/her designee will establish a Conflicts Management Office (CMO), which will be responsible for the overall management of issues related to conflicts of interest and commitment. The office will be responsible for (1) implementing the Weill Cornell Medical College (WCMC) Conflicts Policy; (2) serving as a resource to the faculty and staff regarding questions relevant to issues of conflict of interest; (3) collecting an annual disclosure of conflicts-related information from faculty and staff members; (4) evaluating information submitted in the annual disclosure as well as other individual disclosures; (5) developing and implementing conflict-management plans; (6) providing staff support for the Conflicts Advisory Panel (CAP) and for any conflicts oversight committees; and (7) developing educational programs for faculty and staff members regarding conflict-related issues.

The office will be under the direction of the associate dean for research compliance or his/her designee. The CMO will establish its own procedures to accomplish its mission as indicated above. Its procedures and actions are not to be inconsistent with the WCMC Conflicts Policy.

Conflicts Advisory Panel (CAP)

The provost for medical affairs will appoint a Conflicts Advisory Panel (CAP) consisting of the chairman of the General Faculty Council and between four and ten members of the faculty of the medical college (at least two of whom will be senior members of the faculty).

The CAP will, upon request, (1) provide advice to the provost of medical affairs or his/her designee, the associate dean and the CMO, in consultation with other staff to the CAP such as the associate university counsels, with regard to conflicts of interest- and commitment-related matters; and (2) advise and make recommendations to the provost for medical affairs on the acceptability of conflicts management plans submitted to the CAP by the CMO on behalf of members of Cornell regarding potential conflicts of interest or commitment. In addition to reviewing conflicts management plans submitted by the CMO, the CAP will review possible conflicts of interest or commitment issues as referred to it by the Grants and Contracts Division, Office of the University Counsel, the Cornell Research Foundation, the Office of Technology Development, and the Institutional Review Board (IRB).

Reporting

Who Must File and When

Research Personnel: All university research personnel, including key personnel, are required to report their external commitments and financial interests annually and on
POLICY 1.7
Financial Conflict of Interest Related to Research

PROCEDURES, Weill Cornell Campus Units, continued

an event-required basis for themselves and their spouse/domestic partners and children (hereinafter called “family”).

◆ Note: For IRB protocols, “research personnel” includes non-student principal investigators (PIs), and co-investigators named on protocols.

What Must Be Reported

For all research personnel:

- For determination of a conflict of commitment: Irrespective of dollar amount, a reporter’s external commitments or financial interests with an external entity, such as employment, service or consulting; or intellectual property or licensing.

- Significant financial interest (SFI), as defined in this policy, for a reporter or his/her family with any external entity whose activities could be related to the reporter’s Cornell responsibilities.

- Material changes to existing financial interests as described in “Event-Based Reports” below.

For each such external relationship or financial interest, reporters must provide all of the information required in the reporting form.

Annual Survey

1. **Required Reporting:** All research personnel must update their reports of external commitments and financial interests annually (“annual survey”). The unit is responsible for identifying individuals responsible for the direct administration of research and any newly appointed individuals who participate in research, and ensuring that they file annual reports.

2. **Handling of Annual Reports:** Conflicts administrators coordinate the solicitation and collection of the annual reports and review reports for the purpose of identifying real and apparent conflicts of interest related to research.

3. **Timely Reporting Requirement:** All research personnel must complete and submit their annual reports by the required deadlines.

Event-Based Reports

1. **New Appointments:** Upon the appointment of a new faculty member, academic staff member, or other employee, each unit head determines whether he or she is responsible for the design, conduct, reporting, or direct administration of research and is subject to this policy. The new appointee must complete the annual report within one month of his or her WCMC start date.
The unit making the appointment is responsible for ensuring that these individuals are identified and complete their reports within the required timeframe.

2. **Newly Assigned Responsibilities:** Individuals who become newly responsible for the design, conduct, reporting, or direct administration of research are required to complete annual reports within one month of their assumption of such responsibilities.

   The unit making the assignment is responsible for ensuring that these individuals are identified to the financial conflicts of interest (fCOI) administrator in the Office of Research Integrity and Assurance (ORIA), and complete their reports within the required timeframe.

3. **Material Change in Circumstances:** All research personnel must amend their annual reports within 30 days of any material changes to their external financial interests related to their Cornell responsibilities. Material changes include, but are not limited to, the initiation or elimination of a reportable external commitment or financial interest for the reporter and family, a change in, or the initiation of, a sponsor, or any change that might affect a current management plan.

4. **Study Specific Report:** All research personnel, who are identified by the PI, for a proposal must report study specific external commitments and financial interests, including any sponsor-required information, at the time the PI submits the proposal to Research and Sponsored Programs (RASP). PIs ensure that research personnel submit fCOI reports prior to proposal submission. RASP will not submit any grant proposal for which the proposal-specific reports for all research personnel have not been submitted. Any resulting award may be distributed only after the reported study specific information has been reviewed and any management plan has been implemented.

5. **Study Specific Report for IRB Submissions:** Non-student PIs and co-investigators for the IRB protocols are required to report their project-related external commitments and financial interests at the time they submit a protocol to the IRB. PIs ensure that co-investigators submit fCOI reports prior to protocol submission. The study specific reports must be reviewed and any required management plans implemented prior to protocol approval.

6. **For Key Personnel Funded Under Public Health Service (PHS) Awards or Cooperative Agreements, Issued On or After August 24, 2012:** A report within 30 days of the completion of travel, any reimbursed or paid travel that is related to your Cornell responsibilities. This excludes any travel that is reimbursed or paid for by Cornell University, a federal, state, or local government agency, a
POLICY 1.7
Financial Conflict of Interest Related to Research

PROCEDURES, WEILL CORNELL CAMPUS UNITS, continued

U.S., non-profit 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. The details of the disclosure will include at a minimum, the purpose of the trip, the identity of the sponsor/organizer, the destination, and the duration.

7. Initiating Licensing Activity: Research personnel are required to report their external commitments and financial interest at the time the Center for Technology Licensing (CTL) begins to negotiate a license for technologies for which the research personnel is named as an inventor.

Financial Conflict of Interest Reporting to the National Institutes of Health

For research personnel funded under a PHS award or cooperative agreement awarded on or after August 24, 2012, Cornell will provide to the NIH an fCOI report regarding any investigator SFI found to be an fCOI as follows:

• Prior to the expenditure of funds
• During the period of award
• Within 60 days of identifying a new fCOI
• At same time, as when grantee submits annual progress report, including multiyear progress: report annually for the duration of the project period (including extensions with or without funds), addressing the status of the financial interest and any changes to the management plan and whether the fCOI is still being managed or explain why the fCOI no longer exists

All fCOI reports will include the following information:

• A project number
• A PD/PI or contact PD/PI if a multiple PD/PI model is used
• The name of the investigator with the fCOI
• The name of the external entity with which the investigator has an SFI
• The nature of the financial interest (e.g., equity, consulting fee, travel reimbursement, honorarium)
• The value of the financial interest (dollar ranges are permissible: $0-$4,999; $5,000-$9,999; $10,000-$19,999; amounts between $20,000-$100,000 by increments of $20,000; amounts above $100,000 by increments of $50,000), or a statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value
POLICY 1.7

Financial Conflict of Interest Related to Research

PROCEDURES, WEILL CORNELL CAMPUS UNITS, continued

- A description of how the financial interest relates to the NIH-funded research and why Cornell determined that the financial interest conflicts with such research
- A description of the key elements of the institution’s management plan, including the following:
  a. The role and principal duties of the conflicted investigator in the research project
  b. The conditions of the management plan
  c. How the management plan is designed to safeguard objectivity in the research project
  d. A confirmation of the investigator’s agreement to the management plan
  e. How the management plan will be monitored to ensure investigator compliance
  f. Other information, as needed

Sanctions and Mitigation Plans for Noncompliance

Annual Report of External Commitments and Financial Interests

Submitting the annual report by the filing deadline is a requirement of all research personnel. During the submission timeframe, research personnel will be reminded of the reporting deadline. Those who fail to submit the report will be referred to the unit head and the institutional official. At the discretion of the dean, if an individual does not complete the reporting requirements, one or more of the following sanctions may apply, until the report is submitted.

- The individual will be deemed ineligible to maintain PI status on sponsored projects
- The individual will be deemed ineligible to enter into technology transfer agreements
- A letter, over the signature of the dean, will be placed in the individual’s personnel file indicating that his or her good standing as a member of the faculty or university has been called into question
- Any annual salary increment will be withdrawn until the individual comes into compliance
- The individual’s research activities and associated salary will be suspended until the individual comes into compliance. Any suspension of research activities and associated salary will be undertaken in accordance with the applicable university policies and codes, including the Dismissal/Suspension Policy for Faculty Members (see the Related Resources section of this policy).
POLICY 1.7
Financial Conflict of Interest Related to Research

PROCEDURES, WEILL CORNELL CAMPUS UNITS, continued

Sponsored Projects Study Specific Report

At a minimum, (1) research personnel who have not completed their proposal-specific declaration will not be able to submit the proposal or must be removed from the proposal before it is submitted, and (2) any awards for projects in which these research personnel are participating will not be distributed by RASP until any required management plans have been implemented.

IRB Protocol Study Specific Report

IRB Protocols will not be processed until all non-student principal investigators (PIs) and co-PIs named on a protocol to the IBR have declared the existence of any project specific external financial interests. The IRB will not approve a protocol unless all fCOI related to the research have been resolved.

Reimbursed travel report for senior personnel on NIH-funded awards:

RASP will not distribute any new awards or renewals, until key personnel on NIH-funded awards have submitted travel related reports within 30 days of completing travel that meets the criteria outlined above in “What Must Be Reported.”

Other Event-Based Reports

Research personnel are required to provide other event-based reports as required by this policy, other Cornell policies, a sponsor’s award or contract, or regulations. Failure to provide such reports will result in the sanctions described in Sanctions for Noncompliance section above.

Management Plans

The CAP and institutional official will review cases of failure by research personnel to adhere to an approved management plan and determine whether or not they constitute non-compliance with this university policy. Determination of noncompliance will be cause for one or more of the sanctions noted in Sanctions for Noncompliance, at the discretion of the dean. In addition, where such failure is not remedied, the noncompliance may be reported to the pertinent sponsor, if applicable, and disciplinary action may be commenced, including academic misconduct proceedings, and, in severe cases, termination. Any academic misconduct or termination proceedings will be conducted in accordance with the applicable university and Medical College policies and codes, including those set forth in the Faculty Handbook, the Code of Academic Integrity, the Dismissal/Suspension Policy for Faculty Members, and the Faculty Appeals Procedures (see the Related Resources section of this policy).
POLICY 1.7

Financial Conflict of Interest Related to Research

PROCEDURES, WEILL CORNELL CAMPUS UNITS, continued

Retrospective review, mitigation plans, and reporting to NIH:

For key personnel funded under Public Health Service (PHS) grants or cooperative agreements issued on or after August 24, 2012:

Whenever an fCOI is not identified or managed in a timely manner, including failure by the investigator to disclose an SFI, failure by the institution to review or manage an fCOI, or noncompliance with the management plan, Cornell will, within 120 days of the determination of noncompliance, complete a retrospective review of the investigator’s activities and the project to determine bias in the design, conduct, or reporting of such research. The retrospective review will include the following:

1. A project number
2. A project title
3. The PD/PI or contact PD/PI if a multiple PD/PI model is used
4. The name of the investigator with the fCOI
5. The name of the entity with which the Investigator has an fCOI
6. The reason(s) for the retrospective review
7. The detailed methodology used for the retrospective review (e.g., methodology of the review process, composition of the review panel, documents reviewed)
8. The findings and conclusions of the review

When bias is found, the ORIA will notify NIH promptly and submit a mitigation report with the following pieces of information required under the regulations:

- The key elements documented in retrospective review
- A description of the impact of the bias on the research project
- A plan of action to eliminate or mitigate the effect of the bias

Conflict Management

1. Submission of Disclosures

All research personnel are required to complete and submit a financial disclosure survey on an annual basis (“annual survey”) through the Web-based conflicts of interest system at https://conflicts.med.cornell.edu. Amendments to surveys must be submitted whenever there is a change in what has been reported.

Study Specific Reports must be completed through the Web-based conflicts of interest system at https://conflicts.med.cornell.edu and submitted with research proposals as required by RASP and ORIA.
POLICY 1.7

Financial Conflict of Interest Related to Research

PROCEDURES, WEILL CORNELL CAMPUS UNITS, continued

2. Review of disclosures

The CMO will review all conflicts disclosures, including the required annual survey and Study Specific Reports.

Training

Research personnel funded under PHS awards/cooperative agreements issued on or after August 24, 2012 must complete training on their responsibilities for disclosure of external interests and other aspects of the NIH regulations under 42 CFR 50 (Subpart F) prior to engaging in NIH-funded research and at least every four years, and immediately under the designated circumstances:

- Institutional fCOI policies change in a manner that affects the requirements for research personnel;
- Cornell finds that the key personnel is not in compliance with Cornell’s fCOI policy or management plan

Sanctions for Noncompliance

Sanctions and disciplinary actions may include, but are not limited to, the following:

- The inclusion in the faculty or staff member’s file of a letter from the dean indicating that the individual’s good standing as a member of the faculty or staff has been called into question (i.e., censure)
- Ineligibility of the faculty or staff member to submit sponsored project applications, to teach or organize Continuing Medical Education programs, to obtain approval from the IRB or Institutional Animal Care and Use Committee (IACUC), or to supervise graduate students
- Non-renewal of appointment
- Dismissal from the university
- Right of appeal

Faculty and staff members have the right to appeal all sanctions proposed by the dean. If the member disagrees with the dean’s determination, the member may request further consideration of the matter and may then examine the recommendations of the CAP, including supporting evidence, and offer other relevant information or explanations. The University Counsel shall serve as advisor to the dean. Following such consideration, the dean shall make a final and binding determination in writing.
### POLICY 1.7

**Financial Conflict of Interest Related to Research**

**PROCEDURES, Weill Cornell Campus Units, continued**

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<thead>
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POLICY 1.7
Financial Conflict of Interest Related to Research

PROCEDURES, WEILL CORNELL CAMPUS UNITS, continued

Except under special circumstances, organizations that do not have their own fCOI policy that complies with the NIH regulations, will be considered ineligible to be a sub-recipient for NIH awards until such time as they develop, adopt, and implement their policy and can demonstrate compliance with it in the conduct on the NIH-funded research.

Sub-recipient institutions that must comply with Cornell’s policy must submit all investigator disclosures of SFIs to Cornell in sufficient time to allow Cornell to review, manage, and report identified fCOI to the NIH.

Cornell will take reasonable measures to monitor sub-recipient’s compliance with the fCOI regulation, management plans, and for reporting all identified fCOI to the NIH. This may include periodic review of the fCOI policy, disclosures or disclosure forms, management plans, and any other information deemed relevant to assessing the effectiveness of the sub-recipient’s fCOI disclosure and management process.

Audit

The ORIA and/or the University Audit Office may conduct investigations of potential non-compliance with reporting requirements, management plans, or other policy-related issues, when necessary. Instances of non-compliance that require reporting to federal agencies, sponsors, and/or other regulatory bodies will be determined by the ORIA, University Audit, and/or the dean, and acted on as required. The CAP the ORIA, and/or the University Audit Office may conduct audits and process and compliance reviews to identify needed improvements to the fCOI process.

Record Retention

The fCOI administrators in ORIA will maintain the records regarding the fCOI process, in accordance with university policy and sponsors’ requirements.
POLICY 1.7
Financial Conflict of Interest Related to Research

INDEX

Academic Freedom and Responsibility........................................ 14
Annual survey........................................................................... 31, 36, 37
Appointment.............................................................................. 16, 20, 31, 32
Associate Dean for Research Compliance (WCMC).............. 30
Award....................................................................................... 16, 23, 26, 32, 35
Public Health Service-funded................................. 28, 29, 32, 33, 38
Bayh-Dole Act................................................................. 4, 15
Bias....................................................................................... 6, 8, 17
Center for Technology Licensing (CTL)........ 10, 12, 18, 33
Centers for Disease Control and Prevention (CDC)......... 7
Clinical appointment.......................................................... 15
Code of Academic Integrity................................................. 4, 26, 35
Co-investigator................................................................. 7, 12, 21, 31, 32
Confidential personal information.................................. 17
Conflict management.......................................................... 6, 7, 21, 36
Conflict of commitment.................................................... 6, 10, 12, 19, 31
Conflict of interest.............................................................. 6, 10, 12, 15, 20, 30
Conflict of interest real and apparent............................... 1, 6, 10, 12, 14, 15, 16, 17, 18, 20, 21, 22, 31
Conflicts Advisory Panel (CAP).................................. 1, 12, 13, 30, 37, 39
Conflicts Management Office (CMO).............................. 30, 37
Conflicts of Interest Reporting System (WCMC)......... 35
Conflicts policy (WCMC)....................................................... 30
Consulting............................................................................. 6, 19
Contract............................................................ 9, 14, 18, 26, 35
Cooperative agreement...................................................... 8, 10, 26, 27, 28, 36, 37, 38
Cornell Hotline...................................................................... 4
Cornell Research Foundation............................................. 30
Cornell responsibilities.................................................... 7, 8, 19, 20, 21, 31, 32, 33
Disclose.................................................................................. 6, 7, 36
Disclosure....................................................................... 6, 8, 19, 21, 22, 27, 29, 30, 33, 36, 37, 38, 39
Discovery.................................................................................. 15
Dismissal/Suspension policy for faculty members (WCMC) 35
Domestic partner................................................................. 6, 16, 19, 22, 31
Entrepreneurship................................................................... 14
Equity interest...................................................................... 8
Extension.............................................................................. 1, 7
External commitment....................................................... 1, 6, 7, 8, 11, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 25, 31, 32, 33, 34
External entity....................................................................... 6, 9, 15, 17, 19, 22
Faculty................................................................................... 1, 14, 18, 20, 25, 31, 34
Faculty Appeals Procedures.............................................. 4, 26, 35
Faculty Handbook............................................................... 4, 26, 35
Fellowship.............................................................................. 7
Financial conflict of interest (ICOI)............................ 10, 11, 12, 13, 18, 19, 21, 23, 24, 26, 27, 29, 32, 33, 38, 39
Financial interest............................................................... 1, 6, 7, 8, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 26, 31, 32, 33, 34
Food and Drug Administration (FDA).................................. 7, 14
Grant........................................................ 9, 20, 30
Grants and Contracts Division (WCMC)......................... 32
Human participant research........................................... 6, 15, 16
Institutional Animal Care and Use Committee (IACUC)..... 37
Institutional official............................................................. 10
Institutional responsibilities............................................. 7, 8, 19, 20, 21, 31, 32, 33
Institutional Review Board (IRB)................................. 7, 10, 12, 16, 17, 21, 23, 26, 30, 31, 32, 37
Inventor................................................................................. 21, 33
Key personnel..7, 10, 12, 19, 20, 21, 26, 27, 28, 31, 32, 35, 36, 37, 38
Licensing.............................................................................. 6, 7, 10, 12, 19, 31, 33
Management plan ......................................................... 7, 10, 11, 12, 13, 15, 17, 18, 19, 20, 21, 22, 23, 26, 28, 29, 30, 32, 34, 35, 39
Medical center................................................................. 33
National Institutes of Health (NIH).......................... 7, 14, 27, 28, 29, 33, 34, 35, 36, 37, 38, 39
National Science Foundation (NSF).............................. 4, 14
Non-sponsored university research................................ 7
Office of Research Integrity (WCMC)................................. 4
Office of Research Integrity and Assurance (ORIA).... 5, 10, 18, 20, 21, 28, 29
Office of Research Integrity and Assurance (WCMC).... 5, 12, 32, 36, 38, 39
Office of Sponsored Programs (OSP)....................... 11, 13, 18, 20, 26
Office of Technology Development (WCMC)........................ 30
Primary commitment........................................................ 6
Principal investigator (PI).............................................. 7, 11, 12, 20, 25, 31, 32, 33, 34, 35
Provost for Medical Affairs and Dean of the Medical College (WCMC)........ 12, 13, 30, 34, 35, 37, 39
Public Health Service (PHS).............................................. 7, 8, 10, 14, 20, 21, 23, 24, 26, 27, 28, 29
Public trust........................................................................... 1, 6, 14, 17
Record retention............................................................... 29, 39
Report .............................................................. 1, 6, 7, 10, 11, 12, 13, 16, 17, 19, 20, 21, 23, 25, 26, 31, 32, 33, 35
Report file........................................................... 7, 21, 23
Research .............................................................. 1, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 25, 31, 32, 34
Research center............................................................... 9
Research and Sponsored Programs (RASP)....................... 32, 35, 36
Sanctions............................................................................. 25, 26, 37
Senior Vice Provost for Research 10, 11, 18, 22, 23, 25, 26, 28
POLICY 1.7
Financial Conflict of Interest Related to Research