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**MANAGEMENT REPORTING FORM**TO ACCOMPANY FACULTY/RESEARCHER COI FORMS (“REGULAR” AND PHS-FUNDED)   
THAT DISCLOSE SIGNIFICANT FINANCIAL INTERESTS (SFIs)

**INSTRUCTIONS**

Supervisors should use this form to document whether any potential conflicts of interest exist between an individual’s responsibilities at the University of Pittsburgh and his/her disclosed Significant Financial Interests (SFIs) (i.e., outside financial interests). If a potential conflict exists, supervisors should document actions taken to manage the conflict.

Detailed instructions can be found on the [COI website](coi.pitt.edu/resources/form-library). Please type your responses. All fields must be completed.

**EMPLOYEE AND REVIEWER INFORMATION**

|  |  |  |
| --- | --- | --- |
| Faculty/Researcher Name: |  | |
| Position/Title: |  | |
| Department: |  | |
| Division (if applicable): |  | |
| Faculty/Researcher Form Document Reference Number: | |  |
| Reviewer Name: |  | |
| Reviewer Position: |  | |
| Date Completed: |  | |

**MANAGEMENT OF SFIs**

This form **will accompany the Faculty/Researcher Form Signature Page**; therefore, it is unnecessary to re-enter detailed responses from the Faculty/Researcher Form into the “SFI disclosed” box below.

Enter only the **category of each SFI disclosed** (i.e., Ownership Interests, Offices & Positions, Remunerative Activities, Reimbursed or Sponsored Travel, Outside Employment of Students or Staff, Technology Transfer Activities, Other Transactions or Facts, Organizational Conflicts of Interest, and/or COIs with Federal or Industry Sponsored Research).

**Briefly describe all actions taken to manage any potential COIs arising from the individual’s disclosed SFIs** (e.g., “individual agreed to a COI management plan covering her involvement on a research project”; “review of activities by COI Committee”; “establishment of an oversight or data stewardship committee”; “disclosure of the potential conflict in abstracts, publications, presentations, and press releases, and in proposals and applications for research funding if disclosure is required by the funding source”).

**If no management is needed, please provide a justification** (e.g., “individual does not conduct research sponsored by, or of commercial interest to, the company” or “individual makes no purchasing decisions regarding the company’s products”).

[Copy boxes, as needed.]

|  |  |
| --- | --- |
| **SFI disclosed:** |  |
| **Management actions taken, or why management is not needed:** |  |

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| --- | --- |
| **SFI disclosed:** |  |
| **Management actions taken, or why management is not needed:** |  |

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| **SFI disclosed:** |  |
| **Management actions taken, or why management is not needed:** |  |

**COMPLIANCE QUESTIONS**

**Do you have financial interests that may interfere, or appear to interfere, with your ability to provide an unbiased review of the individual’s disclosure?** YES or NO

**If YES, provide an explanation below.** The dean, regional campus president, Provost, or senior vice chancellor for the health sciences, as appropriate, will need to review this individual’s COI disclosure and develop a plan to manage any COIs arising from the outside financial interest(s) disclosed by this individual.

**Do you consider this case satisfactorily resolved?** YES or NO

**If NO, please schedule an appointment with the dean, regional campus president, Provost, or Senior Vice Chancellor for the Health Sciences, as appropriate, for discussion and further action.**

The COI Committee and COI Office can also aid in resolving potential conflict of interest issues. Please contact the chair of the COI Committee or the COI Office staff. Visit [www.coi.pitt.edu](http://www.coi.pitt.edu) for resources and contact information.

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Signature of Reviewer

**NOTE**: You should inform your faculty/researchers/staff members that this information will be forwarded for review by their dean, regional campus president, and Provost or Senior Vice Chancellor for the Health Sciences as a matter of routine, and that it will be treated confidentially and made available only to authorized individuals to the extent necessary for the review and resolution of potential conflicts.