



COI Management Plan (CMP) for Animal Research

Project and Personnel Information

Protocol or Modification ID	
Full Project Title	
Principal Investigator	
Primary Department Affiliation	
Individual with SFI	
Primary Department Affiliation	
Supervisor of Individual with SFI	

COI Management Plan

In view of my Significant Financial Interest (SFI) in **[name of company and/or describe intellectual property]**, I agree to the following plan to manage my conflict of interest with research under the above project:

1. I will disclose my SFI in all abstracts, publications, presentations, and press releases resulting from this project and/or involving research sponsored by the company, research evaluating or further developing the company's products or intellectual property, or research that could reasonably be perceived to have a potential to directly affect the company's finances, marketing or business interests.
2. If directed by the potential funding source, I will disclose my financial interest in the company in all applications or proposals to fund research evaluating or further developing the company's products or intellectual property or research expected to lead to outcomes that might have a direct effect on the company's finances, marketing, or business interests. If no directions about COI disclosures are available, or if the directions are unclear, I will contact the agency or sponsor to ask for instruction and follow their guidance.
3. I will provide the COI Office a list of other investigators engaged in research under this project (students, staff or other faculty members), who will be notified by the COI Office of my conflict of interest with this project. I must inform the COI Office when new investigators are added to the project.
4. Students will be engaged in the project only with the approval of their non-conflicted department chair or equivalent supervisor.
5. I must notify the COI Office of any changes in the source(s) of support for this project.
6. **[Required for conflicted investigator when PI does not have a conflict. Remove if not applicable.]** You may not be the only person involved in interpretation of study results but may be involved as part of a team that evaluates study results. The PI has the final responsibility for the interpretation and presentation of the research results.
7. **[This element is required for Category "E" USDA Pain and Distress Classification and/or if the relevant supervisor has added data steward oversight as a requirement.]** **[Name, Title, and Department affiliation]** will serve as a data steward for this protocol. He/she will meet with the study team periodically, but not less than annually, to review data collection and interpretation. He/she will submit annual reports to the COI Office documenting the dates and times of the meetings and providing their opinion about the integrity and interpretation of the data.
8. **[When Individual with SFI is serving as PI, their supervisor will be asked if they require any additional elements for the CMP. Add any such additional CMP terms here.]**

(Signature lines on next page)

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SAMPLE

Individual with SFI

[Name]

Date/Time

Supervisor of Individual with SFI

I will ensure compliance with the above COI management plan.

[Name]

Date/Time

Principal Investigator

If Individual with SFI is serving as a co-investigator on the study, the PI's signature is required. Remove if not applicable.

I will ensure compliance with the above COI management plan.

[Name]

Date/Time

Data Steward

If this study includes a USDA Pain and Distress Classification of Category "E" and/or if the relevant supervisor has added data steward oversight as a requirement, the data steward's signature is required. Remove if not applicable.

I am responsible for arranging meetings with the study team to review the collection and interpretation of data and determine if there is any concern that an investigator's conflict of interest has led to any bias in the research results or conduct of the trial. I will immediately alert the COI Office and the conflicted investigator's supervisor if I have any concerns regarding the conduct of the trial. I will provide annual reports to the COI Office and to the conflicted investigator's supervisor.

I understand and accept the role and responsibilities of a data steward.

[Name]

Date/Time

The remainder of this document is intentionally blank.