## Old Dominion University Request for Information Regarding Financial Conflict of Interest Related to Public Health Service (PHS) Supported Research and Department of Energy (DOE) Supported Research

| For internal use: |
|-------------------|
| Received:         |
| No.               |
|                   |

In compliance with the Public Health Service (PHS) regulation on Responsibility of Applications for Promoting Objectivity in Research for which PHS Funding is Sought (42 C.F.R. Part 50, Subpart F) as well as the Department of Energy Interim Conflict of Interest policy (FAL 2022-02), members of the public may request information about the financial Conflict of Interest (COIs) currently associated with principal investigators and key personnel on Public Health Service-supported or DOE-supported projects at Old Dominion University.

All requests must be submitted by completing this form electronically in Microsoft Word and e-mailing completed forms to ODU's AVP for Compliance, Wayne Hynes, <a href="whynes@odu.edu">whynes@odu.edu</a>, with a copy to <a href="mailto:rfawards@odu.edu">rfawards@odu.edu</a>. Each request should list either one investigator's name, or one DOE or PHS award number. If an investigator's name is listed, information about all DOE- or PHS-reported FCOI information for that investigator will be provided. If a DOE or PHS award numbers is listed, information about all sponsor-reported FCOIs associated with that award will be provided.

Requests meeting these criteria will receive a response within five business days at the provided e-mail address. If there are no identified financial conflicts of interest associated with the investigator or funded award listed, we will respond with this information. Information provided in the response will be current as of the date of our response.

## Information about the requestor:

| <ol> <li>E-mail address where the response should be sent (requi</li> <li>Street address of the requestor (optional):</li> <li>Phone number of the requestor (optional):</li> </ol> | 1. | Name of the requestor (required):                            |
|---|----|--|
|   | 2. | E-mail address where the response should be sent (required): |
| 4. Phone number of the requestor (optional):  | 3. | Street address of the requestor (optional):                  |
|   | 4. | Phone number of the requestor (optional):                    |

| $\square$ Member of the public                      |
|---|
| ☐ Media – Organization name:                        |
| $\square$ Industry affiliation – Organization name: |
| ☐ Blogger/social media – Site name:                 |
| ☐ Other:  |

Requested information (must complete at least one of items 1 and 2):

1. Investigator's first and last name:

5. Affiliation of the requestor (optional):

- 2. DOE or PHS award number:
- 3. DOE or PHS award title:

Late Updated: 28 August 2025