

**Old Dominion University Screening Form
for Identifying Conflicts of Significant Financial Interests**

Name: _____ Department/Unit: _____

University Title: _____ College: _____

Proposal Title: _____

Intended Funding Agency: _____

1. Do you have a consulting or other financial relationship with a non-governmental external sponsor of your research?

Yes No

2. Do you have a managerial role in or an opportunity for personal gain through a *significant financial interest*, indicated by ownership of more than 3 percent of the equity in the company or more than \$10,000 annual income via payments, stock, equity, intellectual property acquisition, etc., in a company engaged in your field of your research or a company that does business with the University?

Yes No

3. Do you have non-University professional or income-producing activities (including research which may result in the creation of patentable or copyrightable intellectual property) involving Old Dominion University students, Old Dominion University professional staff, or Old Dominion University facilities?

Yes No

4. Do you or any member of your family have any other relationships, commitments, or activities that might, in your good faith judgment, present or appear to present a conflict of significant interest with your Old Dominion University research activities?

Yes No

5. Do you currently have, or will this proposal lead to the award of external funding for research in a subject area in which you also have a significant financial interest in any external activity such as a managerial or ownership role in a company or an opportunity to receive significant financial interest?

Yes No

IF YOU ANSWERED YES TO ANY OF THE ABOVE FIVE QUESTIONS, YOU MUST DISCLOSE YOUR SIGNIFICANT FINANCIAL INTEREST TO YOUR DEAN AND THE VICE PRESIDENT FOR RESEARCH. SEND THIS SCREENING FORM AND A DISCLOSURE MEMO OR LETTER IN A SEALED ENVELOPE MARKED "CONFIDENTIAL" LISTING THE AMOUNT OF FINANCIAL INTEREST, A DISCUSSION OF THE DISPOSITION OF ANY INTELLECTUAL PROPERTY, A DISCUSSION OF PLANS FOR PUBLICATIONS AND A DISCUSSION OF THE USE OF STUDENTS.

AFFIRMATION: *In submitting this form, I affirm that the above information is true and accurate and, further, that I accept responsibility for being familiar with the Old Dominion University Policy on Financial Interests in Sponsored Programs.*

Signature: _____ Date: _____

PLEASE SUBMIT THIS COMPLETED FORM AND YOUR DISCLOSURE MEMO OR LETTER TO YOUR DEAN. YOUR DEAN SHOULD FORWARD THIS INFORMATION, ALONG WITH HIS/HER COMMENTS, TO THE VICE PRESIDENT FOR RESEARCH, 4111 MONARCH WAY.