

Office of Sponsored Research
Conflict of Interest Assurance form - Non-Affiliate

Research Proposal Information

PI:	Fellow:	Research Coordinator:
Project Title:		
Agency:		Agency #:
Award Type:		Budget Period From: To:
Award Detail:		Project Period From: To:
Project ID:		Proposal ID:

CONFLICT OF INTEREST ASSURANCE FORM - FOR INDIVIDUALS NOT AFFILIATED WITH THE HUTCHINSON CENTER ASSURING INDIVIDUAL

Name (Print or Type): _____ **Institution:** _____

You have been designated as an individual involved in the design, conduct, or reporting of the research described in the proposal identified above. However, you are not affiliated with the Hutchinson Center and your institution will not be entering into a subaward, subcontract, or other agreement with the Center relating to this proposal. As required by Federal law, please follow the instructions on this form and submit the completed form to the program or study administrator for this proposal ("Research Coordinator") as soon as possible. This form must be reviewed before the proposal is submitted to the sponsor agency and any conflicts resolved before any funds in support of the research proposal can be expended.

Read the choices below and follow the instructions for whichever ONE is applicable:

INSTITUTIONAL ASSURANCE

If your Institution has a conflict of interest policy at least as rigorous as that mandated by the United States Public Health Service ("PHS") in 42 CFR Part 50 Subpart F and 45 CFR Subtitle A, **please have an institutional representative review and complete the Institutional Assurance statement that follows.**

INSTITUTIONAL ASSURANCE: I represent that the Institution listed above has a written and enforced conflict of interest policy at least as rigorous as that mandated by the United States Public Health Service ("PHS") in 42 CFR Part 50 Subpart F and 45 CFR Subtitle A. I further represent and assure that the Individual listed above will comply with such policy during the course of carrying out the research described in the proposal should such research be funded. If the Institution determines that the Individual has a conflict of interest (as defined by the PHS), the Institution will notify the Hutchinson Center of the actions taken to manage, reduce, or eliminate such conflict of interest.

Signature of Institutional Representative _____	Date _____
Printed Name of Institutional Representative _____	Title _____

INDIVIDUAL ASSURANCE

If, for purposes of this proposal, you are not affiliated with an institution or employer covered by the PHS regulations, or if your Institution or employer does not have a conflict of interest policy at least as rigorous as that mandated by the PHS in 42 CFR Part 50 Subpart F and 45 CFR Subtitle A, **you must complete the Individual Assurance statement below.**

INDIVIDUAL ASSURANCE: I certify that neither I nor my spouse or dependent children has any financial or other interest that could directly and significantly affect the design, conduct, or reporting of the research described in the proposal above. Examples of interests that could directly and significantly affect the design, conduct, or reporting of research include serving in a leadership capacity, holding stock or other ownership interests, providing consulting services, or receiving or having a right to receive royalty or other income related to intellectual property.

Signature of Individual _____	Date _____
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If you are unable to provide one of the assurances above, or have questions, please contact the Hutchinson Center Office of General Counsel at (206) 667-1224.

Submit completed form with Attachment A or directly to the OSR Specialist reviewing this Proposal