Request for Information on Identified Financial Conflicts of Interest (FCOIs) in Public Health Service – Funded Research

In compliance with the Public Health Service (PHS) regulation on Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought (42 C.F.R. Part 50, Subpart F), members of the public may request information about Financial Conflicts of Interest (FCOIs) associated with principal investigators and senior/key personnel on Public Health Service-supported projects at Dana-Farber Cancer Institute.

Dana-Farber Cancer Institute will send out the following information within 5 business days of the receipt of a complete request:

- Name of senior/key personnel with the financial conflict of interest;
- The individual’s title and role in the research project;
- The name of the entity in which the financial interest is held;
- The nature of the financial interest;
- The approximate value of the financial interest (by ranges).

All requests must be submitted by completing this form. Completed forms must be emailed to:  
ResearchIntegrity@dfci.harvard.edu

Information about the requestor:
1. Name: ________________________________________________________________
2. Affiliation: ____________________________________________________________
3. Email Address: _______________________________________________________
4. Street Address: _______________________________________________________
   City, State, Zip Code: _________________________________________________
5. Phone number: _______________________________________________________

Information about the request:
1. NIH Award Number: ___________________________________________________
2. Name of Investigator: _________________________________________________
3. Reason for Request: ___________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
4. Signature: ____________________________________________________________
5. Date: __________________________________________________________________