**Society of Toxicology Financial Conflict of Interest Disclosure Form**

In accordance with PHS regulations, all grant recipient institutions and investigators are required to comply with the requirements of [42 CFR 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought"](https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=992817854207767214895b1fa023755d&rgn=div5&view=text&node=42:1.0.1.4.23&idno=42#sp42.1.50.f) (FCOI Regulation), as implemented in the 2011 [Final Rule](http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf) for grants and cooperative agreements.

Persons completing this form are expected to have read and understood the Society of Toxicology (SOT) Financial Conflict of Interest (FCOI) Policy. Documentation is required annually.

SOT Grant Application Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you, your spouse, or dependent children have a “significant financial interest (SFI)” that would reasonably appear to affect your involvement in the proposed project?

\_\_\_ Yes \_\_\_\_ No

If yes, please describe on a separate page the nature and extent of your/their affiliation.

1. The regulations require FCOI training every 4 years. I last completed FCOI training on \_\_\_\_\_\_\_\_ (date). Documentation is attached.

By my signature below, I certify that:

I have read the SOT policy on Financial Conflict of Interest.

I have made all required financial disclosures.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Typed/Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return the completed form to Betty Eidemiller, bettye@toxicology.org.