# Washington State University Conflict of Interest Review Committee (COIC)

Office of Research Support and Operations (ORSO)

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# Section 1. Applicant Information

Name Department

Click here to enter text. Click here to enter text.

# [ ]  I (Applicant) attest I have taken [COI Training](https://myresearch.wsu.edu/Training/OldMandatoryTraining.aspx?action=viewsite&siteid=1185) in the last four years as per WSU Executive Policy 27.

# [ ]  I (Applicant) attest I have disclosed any [Significant Financial Interests](https://myresearch.wsu.edu/Compliance/COI/SFI.aspx) as per WSU Executive Policy 27.

Management Plan Monitor Name of Outside Entity

Click here to enter text. Click here to enter text.

**Expectations for the Management Plan Monitor can be found in “Appendix 1: Management Plan Monitor Responsibilities”**

# Section 2. Potential Conflicts and Description of Activities of Applicant and/or Family\*

#

2.1 Check **all** potential Conflicts of Interest:

[ ]  Ownership interest in Outside Entity

If ownership interest exists, do WSU and Outside Entity have any financial agreements in place (sponsored funding, targeted gifts, service centers, etc.) through any WSU Office? [ ]  Yes [ ]  No

If yes above, please provide detail, including specific WSU Offices and ORSO numbers if applicable: Click here to enter text.

[ ]  Using WSU facilities for Outside Entity research, other than through a sponsored research agreement (see Section 4 below)

[ ]  Students or other WSU employees involved in Outside Entity activities (i.e., research, presentations to venture capitalists, identifying licensing partners, etc.)

[ ]  Consults for or sits on the board of Outside Entity

[ ]  Technology transfer\*\* will occur through outside professional activities and/or consulting

[ ]  Technology transfer\*\* will occur through research Applicants Outside Entity involvement

[ ]  Other (e.g. holding a management position or participating in the day-to-day operations with Outside Entity). Please explain and attest below: Click here to enter text.

# If “Other” is selected above: [ ]  I (Applicant) attest I have received the appropriate approvals, either as referenced in the WSU Administrative Professional Handbook - Responsibilities Section or as referenced in the WSU Faculty Manual - Section IV: University Policies Affecting Faculty - IV E. Extended Professional Activities and am attaching them as an appendix to this COI Application for Management Plan.

# \*For purposes of this section, per [WSU Executive Policy #27](https://policies.wsu.edu/prf/index/manuals/executive-policy-manual/ep27/), family shall mean the investigator's or research employee's spouse/domestic partner, dependent children, and other dependent relatives living in his or her household (investigator's/research employee's financial interest includes the aggregate financial interest of the family).

# \*\*Additionally per [WSU Executive Policy #27](https://policies.wsu.edu/prf/index/manuals/executive-policy-manual/ep27/), technology transfer means the research employee's interaction with and investment in external entities in an attempt to transfer University intellectual property, technology, and know-how into the private sector of the economy. Technology transfer includes use of specialized skills developed in research to start or contribute to a private business in a field related to the research employee's WSU responsibilities.

2.2 Description of Activities: Include a summary of the activities in non-scientific terms. Include names of individuals, roles, where employed, entities involved in this activity, and any family relationships among individuals involved: Click here to enter text.

2.3 Describe all potential overlap in your WSU activities, including research, non-research, and outreach, and those at the Outside Entity. If none, please describe how the activities are specifically different between WSU and the Outside Entity: Click here to enter text.

2.4 Select which type of Outside Entity duties are applicable to this Management Plan (Check all that apply):

[ ]  Research oversight

[ ]  Involved in the design of the research project

[ ]  Data collection

[ ]  Data analysis and interpretation

[ ]  Involved in the reporting of the research project

[ ]  Other (please detail): Click here to enter text.

 [ ]  None

# Section 3. Intellectual Property

#

3.1 Does this activity involve WSU intellectual property? [ ]  Yes [ ]  No

 If yes, was this disclosed to the Office of Commercialization? [ ]  Yes [ ]  No

 If no, will the proposed activity generate any new IP? [ ]  Yes [ ]  No

 (If yes, this should be disclosed to the Office of Commercialization)

3.2 Does the Outside Entity have a current intellectual property agreement with the Office of Commercialization? [ ]  Yes [ ]  No

#  If no, please explain: Click here to enter text.

# Section 4. Use of University Resources

4.1 Will Outside Entity be using University facilities, personnel, equipment, land, service centers or other resources be used for this activity?\*\*\* [ ]  Yes [ ]  No

 If yes, please describe what University resources will be used: Click here to enter text.

4.2 Will you be using a Facility Use Agreement? [ ]  Yes [ ]  No

# If no and WSU resources will be used for this activity, please explain if service center, a sponsored project, or other is being utilized: Click here to enter text.

# \*\*\*The faculty member or Principal Investigator that has been designated lab space within a university unit, is responsible to ensure all individuals utilizing that space follow all the necessary safety policies, procedures, and protocols.

# Section 5. Student, Trainee, and WSU Employee Involvement\*\*\*\*

# 5.1 Please complete the table below, listing each student, trainee, or WSU employee working in the Applicant’s Laboratory, or which you supervise or advise, regardless of if they are involved with these activities or not (insert additional rows as necessary).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Individual Name** | **Email Address** | **Company Role** | **University Role (Grad., Undergrad., Lab duties, etc.)** | **WSU Employee? Y/N – If Yes please describe (GA, TA, RA, Post Doc Fellow, Faculty, AP, time-slip)** |
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5.2 Academic Involvement – **Applicable only if Applicant is an Undergraduate, Professional, or Graduate Student**

# The Applicant must complete the *COI Guidance for Students and Employees* orientation.

# The Applicant will not have a co-owner of an entity as the Chair of his or her Graduate Committee.

# Name of Graduate Committee Chair: Click here to enter text.

# [ ]  Check if the work on the Applicant’s dissertation will be performed using Entity time, resources, or at WSU during Entity-allocated time (example: student performing thesis-related work in a Service Center during Entity allotted time).

# [ ]  If checked, the Applicant will follow WSU policy for non-academic pursuits, regarding time allocation. You can find this in the Graduate Student Handbook at <http://gradschool.wsu.edu/159-2/>.

# \*\*\*\*Trainees may be post-docs, graduate students, professional students, and visiting scholars engaged in WSU's research enterprise as apprentices in their chosen field. Trainees are normally stipend-based, employer-sponsored, or self-funded (paid through Accounts Payable and not through HRS). Also, foreign nationals with VISA status with the University cannot work in a start-up company as this would be a VISA violation.

# Section 6. Compliance

List all required compliance approvals specifically related to these activities:

6.1 Institutional Review Board (IRB) [ ]  Yes [ ]  N/A

If yes, IRB#: Click here to enter text.

6.2 Is this a Clinical Trial? [ ]  Yes [ ]  N/A

If yes, attach the IRB-approved Informed Consent Form with disclosure to subject of potential COI.

6.3 Institutional Animal Care and Use Committee (IACUC) [ ]  Yes [ ]  N/A

If yes, ASAF#: Click here to enter text.

6.4 Institutional Biosafety Committee (IBC) [ ]  Yes [ ]  N/A

If yes, BAF#: Click here to enter text.

# Section 7. Certification and Signatures

I affirm the truth of the statements made above under penalty of perjury. I understand that if the University does not approve any such interest, pursuant to university policy or state law, I will be required to discontinue or divest myself of such interest in order to remain an employee in good standing at Washington State University. In addition, I agree to abide by the responsibility set forth in WSU [Executive Policy #27](https://policies.wsu.edu/prf/index/manuals/executive-policy-manual/ep27/) and other University policies and state law related to this outside activity.

Applicant Name Date

Click here to enter text. Click here to enter text.

Applicant Signature

Management Plan Monitor Name Date

Click here to enter text. Click here to enter text.

Management Plan Monitor Signature

Department Chair/Director Name Date

Click here to enter text. Click here to enter text.

Department Chair/Director Signature

Is there any additional information that you may wish to include in this COI Application for COI Committee consideration? Please enter text below:

Dean/VP/Chancellor Name Date

Click here to enter text. Click here to enter text.

Dean/VP/Chancellor Signature

Is there any additional information that you may wish to include in this COI Application for COI Committee consideration? Please enter text below:

**Appendix 1: Management Plan Monitor Responsibilities and Considerations**

The list below is designed to remind the Management Plan Monitor of their responsibilities under the Management Plan (MP). The COI Coordinator will provide the Applicant an Annual Report form one month prior to its deadline.

* Was the MP complied with related to fiscal (e.g. personnel, goods/services, travel, equipment, service center management, etc.) and administrative (e.g. appropriate appointments) activities, to ensure WSU procedures were followed appropriately?
* Did the Applicant ensure objectivity in the design of the research project?
* If the Applicant has a role in data collection, consider on the following:
	+ - The Applicant’s role in data collection for the Research being monitored.
		- How are the data being collected?
		- Do you have any concerns with how the data are being collected with respect to research objectivity?
		- What methods are in place to ensure objectivity in the data collection?
		- Is the data collected verifiable by non-conflicted parties?
* What is the Applicant’s role in data analysis and interpretation?
* What methods are in place to ensure objectivity in data analysis and interpretation?
* How did the Applicant ensure objectivity in the reporting of research results to the agency?
* Are there other concerns related to research oversight?
* Did the Applicant disclose any intellectual property in accordance with the MP?
* Were university resources or employees managed in accordance with the MP?
	+ How did you ensure that equipment was used based on the priorities described in the MP?
	+ How did you ensure use of WSU space did not interfere with other WSU research activities?
* Was the *COI Guidance for Students and Employees* orientation completed?
* Were there any additional WSU non-student employees working on the project associated with this case?
* Did you address any concerns related to WSU employee involvement in this reporting period?
* Was the Applicant responsible for providing a course grade for any students involved with the Outside Entity?
* Did the Management Plan Monitor and graduate thesis committee, within one month of starting the student’s research related to this project, consult with a student regarding confidentiality agreements with the company and potential impacts on dissertation defenses? If not, when did this meeting take place?
* Did students meet with the Director of the Office of Commercialization or delegate within one month of starting their research? If not, when did this meeting take place?
* Were there any students not listed on the MP working on the project associated with this case?
* Did you address any concerns related to student involvement in this reporting period?
* As required by EP 27, was written permission obtained from the chair, dean and provost for each student employed by faculty-owned Outside Entity?
* Was compliance followed in accordance with the MP?
* Did the Applicant disclose any financial conflicts of interest in accordance with the MP?
	+ The Management Plan Monitor must be able to verify that the COI was appropriately disclosed per the MP.
* Were there any changes to the MP since the last COIC Annual Report?
* Are there any other concerns you would like to bring to the attention of the COIC?

**I hereby acknowledge and understand the items above, and will contact** **OR.COI@wsu.edu** **with any additional questions or training needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of Plan Monitor)**