CONFIDENTIAL

MultiCare Health System

Financial Conflict of Interest Annual Disclosure Form

This form is confidential and may be reviewed only by the appropriate staff at the Institute for Research & Innovation, Department or Careline Director or Administrators and others as designated in the MHS Financial Conflict of Interest Policy.

PLEASE PRINT

Name:	Disclosure Year: _____
Title:	Department:
Email:	Phone:

Question: During the last calendar year (January through December), did you, your spouse, domestic partner and/or dependent children, alone or in combination, have *significant financial interest* in an entity that:

- ***sponsors* your research or your program,**
- **has *made or pledged a gift* to the MultiCare Health System that benefits your research or sponsored program,**
- **has *products, services, or research interests* that could reasonably appear to be affected by your research or sponsored program,**
- ***sells goods or services* to MultiCare that will be used in your research or sponsored program, or**
- **has *another involvement in* your research or sponsored program (such as a consulting agreement)?**

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A *significant financial interest* involves:

(a) Income (including salary) consulting payments; honoraria, reimbursement of expenses(travel),royalty payments, dividends, or any other payment or consideration from a business entity, public entity, or non-profit entity exceeding $5,000 during the prior twelve months or

(b) having an equity interest over $5,000 or

(c) having an ownership interest or

(d) income over $5,000 from intellectual property rights and interests (e.g. patents, copyrights)

_____ **NO** Your disclosure is complete. Please sign and submit this form.

_____ **YES** Sign this form ***and*** complete a FCOI Disclosure Attachment Form for *each* external entity in which there is a significant financial interest and submit all forms together.
(The FCOI Disclosure Attachment Form) may be found at www.multicare.org/research)

I agree to abide by the MultiCare Health System's Research Conflict of Interest policy. In submitting this form and disclosure attachments, if required, I certify that the information provided is true to the best of my knowledge. I supply this information for confidential review by MultiCare Health System, and for such other limited purposes as are required by law, regulation, or contract. I do not authorize release of any of it for any other purpose. I understand and agree that if there is a material change (an acquisition of a significant financial interest) to this information, I must submit a new disclosure and attachment within 30 days of that change.

Signature:_____ Date:_____

SUBMIT THIS FORM:

Via Email: Send to: Anne.Reedy@Multicare.org Please be advised that email is not a secure or confidential communication medium. By submitting your FCOI form by email, you acknowledge that MultiCare cannot guarantee the security or confidentiality of the email, and you assume all risk of loss.