

Investigator Information Form
(the COI Analyst requests this from investigators when a COI is suspected)

[ID #]

Investigator or Employee:

Review Type: Research

IRB/OSP Proposal ID:

Title:

PI:

Sponsor(s):

Please provide the following information for the project listed above.

1. ***Is this project concluded (including any publications)?**
- ☐ Yes
 - ☐ No

[Start existing hide/show area 01] Show if question 1 = No

2. ***Do you have any Financial Relationships that reasonably appear to be related to this project (including the design, conduct, or reporting of this project)? A Financial Relationship could be related to a project, for example, if:**
- The Financial Relationship is with the sponsor of the project (or a subsidiary).
 - The Financial Relationship is with the manufacturer of a drug, device, or product being used or evaluated in the project.
 - The Financial Relationship is with the licensor of intellectual property being used or evaluated in the project.
 - The Financial Relationship could be affected by the outcomes of the project.
- ☐ Yes
 - ☐ No

[Start hide/show area 02] Show if question 2 = Yes

2.1. Please add all relevant entities:

[selection cdt]

2.2. Describe how your Financial Relationship is related to this project.

[multi-line text]

[End hide/show area 02]

3. *** Will your intellectual property be used or evaluated in this project?**
- Report any intellectual property being used, regardless of licensing status. The licensing status of University-owned technology will be provided to the COI Office by the University's Partners for Innovation, Ventures, Outreach & Technology (PIVOT) Center.
- ☐ Yes
 - ☐ No

[Start hide/show area 03] Show if question 3 = Yes

3.1. Please add all intellectual property being used:

[selection cdt]

3.2. What is the amount of royalties you have received in the previous 12 months?

[drop down list]

3.3. * Describe how your intellectual property may be used or evaluated in this project.

[multi-line text]

[End hide/show area 03]

4. * Please provide a short description or abstract of this project.

CRV Form.2-1 Documents – [attachments]

CRV Form.2-2 Abstract – [multi-line text]

5. * Indicate your role in the project:

- ☐ Principal Investigator
- ☐ Co-Investigator
- ☐ Other

[Start hide/show area 04] Show if Other is selected above

Please Indicate Below: [multi-line text]

[End hide/show area 04]

6. * Describe your responsibilities in this project:

[multi-line text]

7. * Will you be collecting data for this project?

- ☐ Yes
- ☐ No

[Start hide/show area 05] Show if question 7 = Yes

7.1. Would it be possible to recuse yourself from collecting data (i.e. a non-conflicted peer would collect the data)?

- ☐ Yes
- ☐ No

[End hide/show area 05]

8. * Will you be analyzing data for this project?

- ☐ Yes
- ☐ No

[Start hide/show area 06] Show if question 8 = Yes

8.1. Would it be possible to recuse yourself from analyzing data (i.e. a non-conflicted peer would analyze the data)?

- ☐ Yes
- ☐ No

[End hide/show area 06]

9. * Is it possible to blind the data during collection?

- ☐ Yes
- ☐ No

10. * Is it possible to blind the data during analysis?

- ☐ Yes
- ☐ No

11. Is there a non-conflicted peer available to review the project?

- ☐ Yes
- ☐ No

12. * Will any of your University subordinates or students be working on this project?

- ☐ Yes
- ☐ No

[Start hide/show area 15] Show if question 12 = yes

12.1 Please specify:

- ☐ Subordinates
- ☐ Students

[End hide/show area 15]

13. * Is this project funded by a Small Business Innovation Research (SBIR) or a Small Business Technology Transfer (STTR) grant?

- ☐ Yes
- ☐ No

[Start hide/show area 11] Show if 13 = Yes

13.1 To the best of your knowledge, please list all Investigators, as defined by the University's [Individual Financial Conflict of Interest Policy](#), who will be conducting research as part of this study at the University.
(Reminder to the PI: These individuals should also be listed in eAward.)

13.2 To the best of your knowledge, please list all University of Utah personnel who will be conducting research as part of this study at the business entity, or Small Business Concern.

[End hide/show area 11]

[Start hide/show area 09] Show if 'Rebuttable Presumption' question is selected by Analyst in Request Information

14. If it is determined you have a conflict of interest with this project, is there a compelling circumstance to justify your participation as an investigator?

Check all that apply.

- ☐ My financial relationships aren't directly related.
- ☐ I have unique expertise at this institution.
- ☐ Participants otherwise wouldn't receive access to the project if I'm not involved.
- ☐ The project is in early stages, and I must be involved to further develop the concept.
- ☐ I will only be minimally involved (ex. not the Principal Investigator, not analyzing data).
- ☐ The study is minimal risk (as determined by Institutional Review Board).
- ☐ The number of participants to be enrolled locally is a minimal percentage of the overall total.
- ☐ None- I don't need to be involved.
- ☐ Other

Please explain:

[multi-line text]

[End hide/show area 09]

15. Please provide any other information that may be relevant to this review.

[multi-line text]

16. Your input during COI review is important. In case further discussion is warranted, please provide your preferred contact information:
[multi-line text]

Chair:

Supervisor:

[End hide/show area 01]