

# Consent Form for Disclosure of Personal Information on Financial Conflict of Interest for National Institutes of Health-funded Research for PHSA Investigators

Please sign, date, and return this form to [researchadministration@phsa.ca](mailto:researchadministration@phsa.ca).

If you have any questions regarding this consent form, contact PHSA Research and Academic Services at [researchadministration@phsa.ca](mailto:researchadministration@phsa.ca).

## Background Information

In order to be in compliance with the 2011 United States National Institutes of Health (NIH) financial conflict of interest (FCOI) regulation, *Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought* and *Responsible Prospective Contractor*<sup>1</sup> (“Regulations”), the Provincial Health Services Authority (PHSA) must collect and disclose certain personal information from Investigators and Subrecipient Investigators and their spouses and dependent children.

Information has been collected from:

- PHSA Investigators, under Section 26(c) of British Columbia’s *Freedom of Information and Protection of Privacy Act*<sup>2</sup> through the PHSA COI Declaration form<sup>3</sup>

Under the Regulations, PHSA must disclose information collected in the above declaration forms in the following ways:

- When PHSA is the direct recipient of NIH funds, PHSA must disclose information from the declaration form outside of Canada to the NIH with details on the FCOI and specifics about the management plan;
- When requested by a member of the public in writing, information on the FCOI held by senior/key PHSA NIH Investigators; and
- When PHSA is the subrecipient of NIH funds, PHSA must disclose information from the declaration form to the direct recipient institution of the NIH funds with details on the FCOI and specifics about the management plan. The direct recipient institution will provide this information outside of Canada to the NIH.

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<sup>1</sup> *Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought* (42 CFR Part 50, Subpart F), online <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol1/pdf/CFR-2023-title42-vol1-part50-subpartF.pdf>. *Responsible Prospective Contractors* (45 CFR, Part 94), online <https://www.govinfo.gov/content/pkg/CFR-2023-title45-vol1/pdf/CFR-2023-title45-vol1-part94.pdf>.

<sup>2</sup> BC’s Freedom of Information and Protection Privacy Act [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96165\\_03#section26](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96165_03#section26)

<sup>3</sup> PHSA COI Declaration Form <http://coi.phsa.ca>.

If consent for disclosure is required from a spouse or dependent child(ren), the related Investigator/Subrecipient Investigator will be responsible for ensuring that authorization is received in time for PHSA to fulfill requirements as outlined under the Regulations.

For more information on the PHSA NIH FCOI process and definitions, see [PHSA NIH FCOI Guidelines](#).

## Consent Form

I certify that the information disclosed in the attached declaration form on significant financial interests related to institutional responsibilities is complete and accurate and true to the best of my knowledge.

I understand that the personal information in the attached form is collected under the authority of Section 26(c) of British Columbia's *Freedom of Information and Protection of Privacy Act* and will be protected under Part 3 of the Act.

In the event that the Institutional Official finds that a FCOI exists, I voluntarily authorize PHSA to disclose information related to that FCOI to PHSA administrative units as required by PHSA policy and to the NIH for the purposes of grant reporting as required under the Regulations. I understand that the information will be disclosed outside of Canada as required by the Regulations.

In the event that a member of the public requests in writing for information on the FCOI identified by the IO, I voluntarily authorize PHSA to disclose my personal information pertaining to the request to the member of the public making the request, as required by the Regulations.

I understand that I may withdraw consent at any time by notifying PHSA by email at [researchadministration@phsa.ca](mailto:researchadministration@phsa.ca). I understand that this withdrawal of consent may result in the suspension or termination of NIH funding for the related project.

I understand that if I have any questions, I may contact PHSA Research and Academic Services by email at [researchadministration@phsa.ca](mailto:researchadministration@phsa.ca).

This consent will automatically expire **three (3) years** from the date of consent.

## Signatures

*Note: Parent(s)/Guardian(s)/Substitute decision-makers (legally authorized representative) may sign on behalf of their dependent child if the dependent child is under the age of 19 years. The legally authorized representative must provide their full name on this form and indicate who they are signing for.*

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Printed Name

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Printed Name of Related PHSA Investigator (if this form is signed by a spouse or dependent child)

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(Signature)

(Date)

Only required if signing on behalf of dependent child:

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Printed Name of Parent(s)/Guardian(s)/Substitute decision-makers (legally authorized representative)

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Relationship to Dependent Child