

2005 COI Cmt. Evaluation Summary

Investigator: NAME, TITLE, DEPARTMENT (Pre-filled from office database.)

Presentation date:

Reviewer: NAME (Pre-filled from office database.)

General	
Active management plan(s)	TYPE OF MANAGEMENT, ENTITIES COVERED, and ISSUE DATE. (Pre-filled from office database.) <i>Note:</i> If no management plan is in place, this row does not appear.
Review type	Federal, Clinical, or Dean's Req. (Pre-filled from office database.)
Categories of funding	Federal, Nonfederal, Federal and Nonfederal, or None at this time. Checked DATE. (Pre-filled from office database.)
Federal funding list	A list of all federal funding. The list displays the account number, donor name, project title, and end date. This box also includes a note indicating the date the list of funding was generated. (Pre-filled from RSP's database.) <i>Note:</i> This row does not appear for clinical reviews.
Description of research	Describe the research of the investigator, so that the committee can assess whether there is a nexus between the research and the entity.
Brief phrase (required for Cat. 3 recommendations)	A very short phrase that describes the area of research in which the investigator currently has federally funded research project(s) and with which the company(s) has a nexus (e.g., microporous membranes, breast imaging). Pre-filled, if a previous management plan with brief phrase exists. If not pre-filled, compose the phrase with input from the investigator. <i>Note:</i> This row does not appear for clinical reviews.

ENTITY NAME		
Disclosure information (submitted DATE) <i>This section contains a pre-filled "digest" of the individual's Outside Activities Disclosure. The annotation indicates which questions' responses are summarized in each row. Reviewers should confirm that the disclosed information is correct. See below for a list of disclosure questions.</i>		Confirmed?
Financial compensation and ownership	Questions 7, 8a, and 8b	Yes/No
Roles	Question 6	Yes/No
Time commitment (days)	Question 2	Yes/No
Funding through the UW-Madison	Questions 4, 5, and 12	Yes/No
2005 estimates	Questions 3a, 3b, and 11	Yes/No
Students, facilities use, and intellectual property	Questions 13, 14, and 15	Yes/No
Disclosure corrections	If any of the pre-filled disclosure information is incorrect, add the correct information here.	
Cmt. member review		
Entity description	Describe the entity, so that the committee can assess whether there is a nexus between the research and the entity.	

Other funding (relevant for understanding relationship between investigator and entity)	Nonfederal funding related to entity (Pre-filled by COI Committee staff.) <i>Note:</i> Committee members should feel free to note any funding about which they have questions, regardless of whether it is identified by the staff.
Connections between research and entity (nexus)	State whether you (the committee reviewer) consider there to be a nexus between the research and the entity. If appropriate, comment on the extent of the nexus.
Connections between clinical research and entity	Provide information on any of the investigator's current clinical studies that are funded by the entity. <i>Note:</i> This row does not appear for federal reviews.
Additional information	<ul style="list-style-type: none"> • Provide any information not captured above. • Make any special recommendations. • List any issues that a Dean's offices or others should address. • Provide text for any special provisions for management plans or other correspondence.
Recommended Management Level (cut all but recommendation)	No Review, No Mgt., Limited Mgt., Limited Mgt with Human Subjects., Full Mgt., Full Mgt with Human Subjects
Basis for recommendation	Identify key aspects of the situation that determined the category and management recommendations.

ENTITY NAME	
Disclosure information (submitted DATE)	Pre-filled from disclosure
Staff category recommendation	Pre-filled from office database
Member comment	Indicate agreement with recommendation or make alternative recommendation. <i>Note:</i> Please contact Karin if you wish to make a full report on any entity displayed in a short table. She can provide an updated worksheet with a full table.

Note: Committee reviewers may wish to ask investigators if they are involved with any businesses that they have not disclosed

2005 Outside Activities Disclosure

August 1, 2005

Questions from Section 4

1 of 3

1. City: State: Country (if outside the U.S.):
2. Amount of time you spent, in days, on activities for the organization in the previous calendar year:
3. a) My relationship with this organization began:
 - On or before April 30, 2003
 - In (select a month and year later than April 2003)
 b) My relationship with this organization ended or will end:
 - On or after May 1, 2006
 - In (select a month and year earlier than May 2006)
4. Are you now or were you in the previous calendar year, a principal investigator for research, or a project, sponsored by this organization? Yes/No
5. Are you now, or do you anticipate in the next twelve months, engaging in human subjects research that:
 - a) This organization funds? Yes/No
 - b) Tests technology owned or licensed by this organization? Yes/No
6. What positions or roles do or did you and your family members have with the organization?
 - Advisory Board (AB) membership
 - Membership on steering committee (SC) for multicenter clinical trial
 - Trustee or service on Board of Directors (BOD)
 - Consulting (other than AB, SC, or BOD membership)
 - Executive position (e.g. president, treasurer, CEO, CIO)
 - Other employee position
 - Commissioned speaker or author
 - Receive royalties from technology licensing (not through WARF)
 - Holder of an equity interest (e.g. stock, stock options)
 - Other – please explain:
7. Indicate the type and amount of net compensation you and your family members received directly from the organization (not through the University) in the previous calendar year.

	\$0	<\$5,000	\$5,000- <\$10,000	\$10,000- <\$20,000	>=\$20,000
Monetary compensation					
Non-monetary compensation. Please explain:					
Total Annual Compensation					

2005 Outside Activities Disclosure

August 1, 2005

Questions from Section 4

2 of 3

8. a) Indicate the type and highest total value of any ownership interests held or controlled by you and your family members now or in the previous calendar year. In each row, indicate “none” or reply both in dollars and as a percent of the total equity in the organization, if known.

	Dollar Value			% of Total Equity			
	None	<\$10,000	>=\$10,000	Unknown	<5%	5% - <10%	>=10%
Stock							
Stock options							
Other ownership interests (e.g. sole proprietorship, partnership, LLC)							

- b) If you reported an ownership interest in part 8(a), is this organization or business publicly held? Yes/No

9. Write a brief description of the organization or business. For new or lesser-known companies, include: (a) the actual or anticipated markets served, and (b) products or services provided or in development. You may provide a Web site address for this information.

10. Summarize your (or your family member’s) relationship with the organization or business. Please include a description of how your University research or other activities relate to the interests and activities of the organization.

11. Do you expect the net compensations directly from the organization (not through the University) to you and your family members in the calendar year 2005, as compared to calendar year 2004, to be:

- a) Significantly less
- b) About the same
- c) Significantly greater

12. Does the organization provide support for your work at the University via any of the following types of funding mechanisms, through either the University or the UW Foundation?

- a) Gifts (monetary) Yes/No
- b) Gifts-in-kind (e.g. equipment, materials, etc.) Yes/No
- c) Sponsored project agreements (i.e. grants, contracts, or cooperative agreements) Yes/No
- d) SBIR/STTR grants Yes/No

13. Do you direct students or staff (including fellows and postdoctoral scholars) who are:
- a) Involved in activities for the organization, whether funded or unfunded? Yes/No

- b) Financially supported by this organization? Yes/No

- 14. Does the organization use University space, equipment, or other physical resources for the benefit of the organization, other than (a) in connection with a sponsored project agreement signed by the University, or (b) under a University-signed facilities use agreement? Yes/No

- 15. Except for contracts with book publishers for manuscripts you have authored or edited, do you have an agreement or contract with this organization that has not been signed by the University that imposes and restrictions with respect to:
 - a) Approval of manuscripts prior to publication? Yes/No
 - b) Timing of manuscript publication? Yes/No
 - c) Ownership or control of data? Yes/No
 - d) Ownership of intellectual property? Yes/No
 - e) Transfer of intellectual property rights, or a license to use those rights, to the organization? Yes/No
 - f) Anything else? If so, please explain: Yes/No

- 16. Please provide any additional information that would help the Conflict of Interest Committee evaluate the potential for conflict due to overlap of your outside interest in this organization and your UW activities: