



Please list below all individuals who qualify as "investigators" under FCOI policy. Attach additional sheets if needed.

FOR ORSP/OCC USE ONLY

PROPOSAL LOG NUMBER

FINANCIAL CONFLICT OF INTEREST (1)

Last Name	First Name	Department/Center/Institute	School
Last Name	First Name	Department/Center/Institute	School
Last Name	First Name	Department/Center/Institute	School
Last Name	First Name	Department/Center/Institute	School
Last Name	First Name	Department/Center/Institute	School
Last Name	First Name	Department/Center/Institute	School
Last Name	First Name	Department/Center/Institute	School
Last Name	First Name	Department/Center/Institute	School
Last Name	First Name	Department/Center/Institute	School
Last Name	First Name	Department/Center/Institute	School

ADDITIONAL PROTOCOLS (2)

Protocol Type	No	Yes	Protocol No.	Status	Approval Date	Expiration Date
	<input type="checkbox"/>	<input type="checkbox"/>				
			Protocol Title			
	<input type="checkbox"/>	<input type="checkbox"/>				
			Protocol Title			
	<input type="checkbox"/>	<input type="checkbox"/>				
			Protocol Title			
	<input type="checkbox"/>	<input type="checkbox"/>				
			Protocol Title			
	<input type="checkbox"/>	<input type="checkbox"/>				
			Protocol Title			