

AMS COI Process | Self Reporting Form



BROWN

This reporting form is required for BioMed Faculty not employed by Brown University.

As required by The Warren Alpert Medical School of Brown University Conflict of Interest and Commitment Policy Reporting and Review Process and the Brown University Conflict of Interest and Commitment Policy, Academic Appointees in the Medical School who are not employed by Brown University must use this form to report potential, perceived, or actual conflicts of interest or conflicts of commitment.

Please summarize one conflict per form.

Date:

Name:

Department:

Affiliate Hospital/ Employer:

Academic Title:

Summary and nature of the potential, perceived or actual conflict (one conflict per submission):

Was the conflict disclosed or reported to an entity other than Brown? Yes No
If yes, to what entity was the conflict reported?

Does a management plan for the conflict exist? Yes No

If so, provide information on how the conflict is being managed.
If not, provide information on how the conflict could be managed.

Preferred email address:

If reporting additional conflicts please click [here](#). You must complete one form per conflict. Submit each form separately. To submit this form please save the document, Submit COI Form.

If you have any questions on this form please contact
BMFA@brown.edu

To submit this form please save the document, then press submit: