

**Request for Report of Financial Conflict of Interest (FCOI) in
Project Funded by US Public Health Service (PHS)**

To: Conflict of Interest Program Office
University of Arizona
PO Box 210409
Tucson, AZ 85721

From: (Requestor's name) _____
(Requestor's mailing address) _____

Pursuant to US Public Health Service (PHS) regulations 42 CFR 50.605(a)(5)(i) or 45 CFR 94.5(a)(5)(i), I am writing to request information on Financial Conflict of Interest of senior/key personnel for the PHS-funded research project identified below.

I understand that such information will be available for a project if it has been issued a notice of funding or notice of noncompeting continuation (with funding) by the US Public Health Service (PHS) on or after August 24, 2012.

PHS-funded research project for which I am requesting a report of Financial Conflict of Interest of senior/key personnel:

PHS/NIH Project Number _____

Project Title _____

Requestor's Signature: _____ Date: _____