

FORM 800 – STATEMENT OF ECONOMIC INTEREST

Under [UC Davis PPM 230-05](#), the Principal Investigator (PI) and Other Investigators (all persons who have responsibility for the design, conduct or reporting of research) must disclose their personal and family member's financial interest. Per [UC Davis PPM 230-07](#), Public Health Service (including NIH) funded Investigators must complete the [COI PHS Form 800 \(online disclosure\)](#).

PI Last Name:	PI First Name:
Phone #:	Email:
Department:	
Contact Person (Name, Phone #, Email):	

Proposal Title: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Budget Period From: _____ Through: _____ Project Begin Date: _____ Project End Date: _____
Current Total Amount of Funding: \$ _____ <input type="checkbox"/> Estimated <input type="checkbox"/> Actual
Does this project involve Human Subjects? <input type="checkbox"/> No <input type="checkbox"/> Yes IRB # (If applicable): _____

Type of Proposal/Disclosure	Sponsor/Agency Information
<input type="checkbox"/> New Project <input type="checkbox"/> Continuation/Additional Funding <i>Amount of Additional Funding:</i> _____ <input type="checkbox"/> New Sponsor on Existing Project <i>Previous Sponsor Name:</i> _____ <input type="checkbox"/> Add Other Investigator to the Project <input type="checkbox"/> Change of Principal Investigator <i>Previous PI Name:</i> _____ <input type="checkbox"/> Change in financial interest of Principal Investigator or Other Investigator <i>Previous Proposal/ Award # (If applicable):</i> _____	Sponsor Name: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Please Check One:</p> <input type="checkbox"/> Non- Public Health Service Federal entity (e.g. NSF) <input type="checkbox"/> Sub-award from above federal entities from/through another entity <i>Specify Federal Agency:</i> _____ <input type="checkbox"/> Nongovernmental Sponsor, Project involves Human Subjects <input type="checkbox"/> California Institute for Regenerative Medicine (CIRM) <input type="checkbox"/> Department Funded (if the project is FDA regulated)

Principal Investigator- Disclosure and Certification

Do you, your spouse, registered domestic partner, or dependent children have any "[Significant Financial Interests](#)" (as defined in [PPM 230-05.II.G](#)) related to the work to be conducted under the proposed project that was received within the last twelve months or that you expect to receive in the next twelve months? [Note: A "Significant Financial Interest" includes an interest held in an outside business entity.]

- No
 Yes, please complete & submit: (1) Supplemental Form for each entity in which a financial interest exists; (2) a proposal abstract

I acknowledge and certify: (1) my responsibility to immediately disclose any new reportable financial interest obtained during the term of the project, and (2) all other investigators, who will have the responsibility for the design, conduct or reporting of research will submit the Form 800, and (3) this is a complete disclosure of my financial interests related to the proposed project/sponsor.

Signature, Principal Investigator

Date

Submit your complete document to the responsible office

Deliver/ mail this form with your Sponsored Programs paperwork via one of the below options:

- Sponsored Programs*
1850 Research Park Drive, Suite 300
Davis, CA 95618
* After-hours drop mailbox is located in front of Suite 300
- E-mail proposal documents for SPO processing to proposals@ucdavis.edu.
E-mail award documents for SPO processing to awards@ucdavis.edu.
- Drop off your signed document via the [SPO eDocument system](#), send to "SPO Proposals" or "SPO Awards" (as appropriate).

Campus mail this form with your Clinical Trials paperwork:

Health System Contracts
Attn: Clinical Trials
Sherman Building, Suite 2300
UCDMC

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PI Last Name:	PI First Name:
Phone #:	Email:
Sponsor Name:	
Proposal Title:	

Other Investigator- Disclosure and Certification

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- No
 Yes, *please complete & submit: Supplemental Form for each entity in which a financial interest exists*

I acknowledge my responsibility to immediately disclose any new reportable financial interest obtained during the term of the project. I certify that this is a complete disclosure of my financial interests related to the proposed project/sponsor.

Signature

Date

Name

Email Address

Other Investigator- Disclosure and Certification

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Signature

Date

Type Name

Email Address

Other Investigator- Disclosure and Certification

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Date

Name

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