Eastern Virginia Medical School
Conflict of Interest/Commitment Management Plan
For Dr. Investigator or Company, Inc. for Project Title
Date

Background

[Insert information about the EVMS faculty member and the relationship of that faculty member with the business entity. Include the location of the business entity and the nature of the business. If intellectual property is involved, describe details of agreements. Describe role and principal duties of conflicted investigator in research project]

Conflict of Interest/Conflict of Commitment for Faculty

In accordance with the Significant Financial Interest Policy of Eastern Virginia Medical School, Dr. Investigator has submitted a Significant Financial Interest Disclosure Form, which has been evaluated by the Designated Authority (insert "and the Conflict of Interest Advisory Committee" if applicable). EVMS has determined that the relationship of Dr. Investigator and Company, Inc. is acceptable. Furthermore, EVMS plans to manage the potential conflict of interest by [select those approved by EVMS for the situation]:

- public disclosure and notification of affected entities, including but not limited to the consent form, publications and presentations;
- assigning independent reviewers to monitor the research;
- requiring modification of the research plan;
- disqualifying investigator(s) from participation in some or all portions of the research project;
- requiring divestiture of Significant Financial Interests;
- requiring the investigator to sever relationships that create actual or potential conflicts; and/or informing the awarding agency.

Describe how the management plan will safeguard objectivity in the research project.

Involvement of Other EVMS Personnel

There are no plans to involve the effort of other EVMS staff, students, postdoctoral fellows, residents, faculty in the conduct of this [research, consulting, license agreement, etc...].

or

There are plans for the effort of EVMS staff, students, postdoctoral fellows, residents, faculty to be allocated in the conduct of this [research, consulting, license agreement, etc...]. Dr. Investigator will provide the Designated Authority a listing of “Investigators” (personnel with the authority or independent responsibility over the design, conduct, or
reporting of research) working with Company, Inc. on the project. The listing will include the name and title.

**EVMS Facilities and Equipment and Other Property**

Dr. Investigator, Company, Inc., or others participating on the project, will not utilize EVMS facilities or equipment for the conduct of this activity. *If EVMS facilities or equipment are planned to be used, attach the leasing/facilities use agreement.*

*If Company, Inc., will be using EVMS owned intellectual property, attach the licensing agreement.*

**Review Cycle**

The PI will give annual updates to the Conflict of Interest Committee and inform the Committee if there is any change in his/her Conflict of Interest and any change in the list of “Investigators”. The Designated Authority and the Director of Research will annually meet to review the progress and compliance with this Plan.

**Attachments**

- A. Significant Financial Interest Disclosure Form
- B. Disclosure Supplement Form
- C. Licensing Agreement *[if appropriate]*
- D. Lease/Facilities Use Agreement *[if appropriate]*
- E. Listing of EVMS personnel/students working with Company, Inc. on the project *[if appropriate]*

**Acknowledgement of Agreement**

Signature of Investigator ____________________________ Date ____________

Signature of Departmental Chair ____________________________ Date ____________

Signature of Designated Authority ____________________________ Date ____________

Signature of Chair, Conflict of Interest Committee ____________________________ Date ____________