Familial Conflicts of Interest

Under the Temple University Conflict of Interest policy, all full-time and part-time employees must avoid any conflict, or appearance of conflict, between their personal interest and the interest of the University in dealing with any organization or individual having, or seeking to have any business relationship with the University or with any organization or individual whose objectives or interest may be adverse to the University interests. The university conflict of interest policy is available [here](http://policies.temple.edu/list_docs.asp#C).

If an employee supervises or participates in a decision affecting a relative of the employee, the employee must refrain from acting until receiving written approval from the cognizant University officer and the University Counsel that such action is appropriate. This includes but is not limited to involvement in the employee’s research. A relative includes a spouse, domestic partner, child, parent, sibling, grandparent, grandchild, aunt, uncle, first cousin, or corresponding in-law or “step” relation.

To manage any conflicts, the employee must receive approval prior to overseeing the time and effort reporting of the relative; approving financial transactions of the relative such as travel and reimbursements; and / or conducting evaluations or recommending salary adjustments or promotions for the relative.

The attached form must be filled out and approved by the faculty member’s Department Chairperson, Section Chief or Center Director (and to the Dean or the Dean’s designee if the Department Chairperson or the Center Director is the faculty member seeking approval) as well as the Office of University Counsel prior to engaging in the activity. If the familial conflict arises in a research project, the faculty member must also receive approval from the Senior Vice Provost for Research. Completed forms can be scanned and emailed to coihsc@temple.edu or mailed to Temple University School of Medicine, Faculty Affairs, 3500 N Broad St. MERB Suite 1111, Philadelphia, PA 19140.

 **Familial Conflict of Interest Activity Report**

1. Faculty Member: Dept./ Division:
	1. Employee Family Member: Dept./ Division:
	2. Relationship to faculty member (i.e. spouse, child, sibling):

* 1. Supervising Activity:
		1. [ ]  **Research** (*must receive additional approval from the Senior Vice Provost for Research*)
			1. Protocol/ Proposal Title  eRA # 
			2. Faculty member role in study (check one):
			 [ ] PI [ ] Co-I [ ] Key personnel [ ]  Non- Key personnel
			3. Employee family member role in study (check one):

 [ ] PI [ ] Co-I [ ] Key personnel [ ]  Non- Key personnel

* + - * 1. [ ] The conflicted investigator possesses special skills, knowledge, techniques, resources, etc (please describe in the space below).
				2. [ ] The nature of the work is such that the conflict cannot have an effect on the outcome (please describe in the space below).

* + - 1. [ ] Includes supervision of time & effort reporting
		1. [ ]  **Travel & Reimbursements**
		2. [ ]  **Evaluations/ Promotion Recommendations**
1. **If no prior approval was received before engaging in the activity or research project, please use the space provided to explain the lapse.**

Space for Additional information

1. Certification: By signing this document, I certify that the information presented is complete, accurate and true to the best of my knowledge.

Faculty Member: Date:
 signature
2. Approvals

|  |  |  |
| --- | --- | --- |
| Reviewer (Print Name) | Reviewer’s Signature | Date |
| Chair (or Dean) |  |  |
| University Counsel |  |  |
| Senior Vice Provost of Research |  |  |