

Thomas Jefferson University
Financial Conflict of Interest Information Disclosure Request Form

1. Name of Requestor

2. Address

Office Name (if applicable)

Street Address

City, State, Zip Code

3. Mailing Address (*if different than answer to question 2*)

Street Address or Post Office Box

City, State, Zip Code

4. Electronic Mailing Address of Requestor

5. Telephone Number of Requestor (*please provide a telephone number where you may be reached between the hours of 8:00 a.m. – 5:00 p.m. Monday – Friday*)

6. Name and Title of Investigator about whom you are inquiring

7. Name of the NIH-funded research project about which you are inquiring

8. Purpose of the Inquiry

9. Comments (*optional*)

10. Preferred method of response transmission (Check one)

- ☐ *Electronic Mail*
- ☐ *First Class Mail*

11. Request Date: _____

When you complete this form, please email it to JEFFCOISmart@Jefferson.edu or mail it to Office of Corporate Compliance, c/o COI Administrator, 834 Chestnut Street, Suite 450, Philadelphia, PA 19107.