



OFFICE OF RESEARCH SERVICES
CONFLICT OF INTEREST REVIEW AND MANAGEMENT FORM

This form shall be completed for all activities in which the potential exists for a conflict of interest between an employee's University responsibilities and outside interests. A copy of the Disclosure of Outside Financial Interests and Activities Related to Sponsored Programs form and a management plan outlining how the potential or perceived conflict will be managed shall be attached to this form in the review process.

Project Title:
Description:
Employee Name:
Employee Title:
College:
Department:

I have reviewed this project, and I have determined, to the best of my knowledge and judgment, the following:

- (1) This project should be approved as described.
(2) This project should not be conducted.
(3) This project should be approved with modification.

Unit Head's Recommendation: (Attach explanation if (2) or (3) are recommended.)

Unit Head's Signature: Date:

Dean/Director's Recommendation: (Attach explanation if (2) or (3) are recommended.)

Dean/Director's Signature: Date:

ATTN - DEAN/DIRECTOR: After your review, please forward this form, the Disclosure of Outside Financial Interests and Activities form, and the Management Plan to the COI Committee at coi@ou.edu and to the Office of Research Services at orsproposalrouting@ou.edu.

BELOW THIS LINE TO BE COMPLETED BY THE CONFLICT OF INTEREST COMMITTEE ONLY

Conflict of Interest Committee Recommendation:

- Approved as described
Approved with modification (see attached)
Disallowed

COI Committee Member's Signature: Date:

ATTN - COI COMMITTEE: Please return this completed form, the Disclosure of Outside Financial Interests and Activities form, and the Management Plan to the Office of Research Services at orsproposalrouting@ou.edu.