



Weill Cornell Medical College

Request for Information regarding Financial Conflict of Interest related to PHS-Funded Research

1. Information about you:

Name (first, last) :

Email address :

Street address :

City, State, Zip code :

2. Information about your request:

PHS award number

(Format 5R21AB123456-01)

PHS Award title

Investigator Name

Please state the reason for requesting this information:

Your Signature : _____

Date : _____

Please complete, sign, scan and email this form to conflicts@med.cornell.edu, or mail it to Conflicts Management Office, Office of Research Integrity, 575 Lexington Ave. 6th Floor, New York, NY 10022.