

**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 [Janyce.lingo@jefferson.edu](mailto:Janyce.lingo@jefferson.edu) or you can send it via US Post Office to Ms. Janyce Lingo, Office of University Counsel, 1020 Walnut Street, 6<sup>th</sup> Floor, Philadelphia, PA 19107.