



Financial Conflict of Interest Information Request Form

INSTRUCTIONS

Complete this form for each information request regarding the financial conflicts of interest of a senior/key personnel participating in Public Health Service (PHS) funded research at Hartford HealthCare.

Please send the completed request form to compliance@hhchealth.org or by US mail to the following address:

**FCOI Information Request
Office of Compliance, Audit and Privacy
Hartford HealthCare
80 Seymour Street
Hartford, CT 06102**

Your Contact Information:

Name:

Address:

City:

State

Zip Code

Email Address:

Phone Number:

Request Information:

Investigator Name:

PHS Research Project Name:

Reason for Request:

Printed Name:

Signature: _____

Date _____