

Retrospective Review Report  
Financial Conflict of  
Interest

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Return the completed form either by:

Mail: Office of the Vice President for Research 207 Bowne Hall or

Email: From your syr.edu account to vpr@syr.edu

Your Name:

Title/Role:

#of Attachments:

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PROJECT IDENTIFICATION

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Project Title:

Project Number (if applicable):

PD/PI/Contact PI:

Project Funding Sources and Amounts:

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FCOI IDENTIFICATION

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Name of Investigator with the FCOI(s):

Name of entity(ies) with which the Investigator has the FCOI(s)

Reason(s) for the retrospective review

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DETAILS OF RETROSPECTIVE REVIEW

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Methodology of the review process

Composition of the review panel

Documents reviewed

Findings of the review

Conclusions of the review

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REVIEW CERTIFICATION

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All of my responses in this Retrospective Review are true and complete to the best of my knowledge.

**Name:**

**Role:**

**Email (SU Only):**

**Signature:**

**Date:**