

Mitigation Report
Financial Conflict of Interest
Cover Sheet

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:

(Be sure to include both the Retrospective Review Report and the Mitigation Report)

PROJECT IDENTIFICATION

Project Title:

Project Number (if applicable):

PD/PI/Contact PI:

Name of Investigator with the FCOI:

CERTIFICATION

All of my responses in this Mitigation Report are true and complete to the best of my knowledge.

Name:

Role:

Email (SU Only):

Signature:

Date:

Mitigation Report
Financial Conflict of Interest

Your Name:

Title/Role:

Date:

DESCRIPTION OF THE IMPACT OF THE BIAS ON THE RESEARCH PROJECT

INSTITUTIONAL PLAN OF ACTION TO ELIMINATE OR MITIGATE EFFECTS OF BIAS
