Guide to Electronic Submission of Conflict of Interest Disclosure: eCOI
• The Wake Forest University Conflicts of Interest Policy requires annual disclosure of actual or potential conflicts of interest by Members of the WFU community.
• If not previously reported, Members must also disclose all new actual or potential conflicts of interest within 30 days of awareness.
• The COI Office will send you an email containing a link that will give you access to the eCOI system.
• You can access the eCOI system anywhere off campus using VPN! The web address for eCOI is https://coi.wfu.edu
Log into the COI System

Outside Interest and Outside Commitment Disclosure

To prepare for completing this form, you may want to collect the following documents:

- Any consulting agreements you have signed this year
- Your stock options agreements
- Your stock portfolio summary
- Your 1099 forms for the previous calendar year (January-December)
- W-2 forms from outside employment for the previous calendar year (January-December)

Return to this site to update your disclosure at any time. Substantial changes in outside activities must be updated on the disclosure within 30 days of occurrence. Each disclosure is date stamped and archived.

If you have questions regarding the Outside Interest disclosure process, please contact the Conflict of Interest Office at (336) 716-9300 or coi@wakehealth.edu.
Log into the COI System

Enter your WFU user name and password

Login as
User Name: [blank]
Password: [blank]

After signing into this site, you are bound by the terms and conditions set forth when you received your account.
Click on the name of your annual disclosure to open it.

Click on the annual disclosure certification found in your Inbox.
Click the “Edit Disclosures” button to begin.
Important Points to Remember

- Questions on the annual disclosure pertain to relationships and activities from the previous calendar year (January-December)
- All questions marked with a red asterisk require completion
- Be sure to hit the “save” button on the banner if you need to exit the system before completion of the disclosure
Use the “Back” button at the top or bottom of the page to navigate. **DO NOT** use the “back” button on your browser.

Click “Continue” at the top or bottom of the page(s).

If you are not engaged in sponsored research, skip to page 15.
Read the questions carefully. These relationships must be accurately reported.

If you answered “no” to the second question, skip to page 15.
If you indicated that you have a relationship with a sponsor of your research or an entity involved in your research, then the “Entity Details” page will automatically appear so that you can provide details.

Click the “$ New Entity” button to disclose your relationship(s) with an outside entity.
Enter the first three letters of the entity name. A dropdown menu will automatically appear. Choose the correct entity and click “OK.” Do not use the “Select” button.

If your entity is not listed, use the email link to request the addition of the entity. Please include entity name and address.

You must select only one entity at a time. After you have answered all questions related to the entity, you will be directed to this page where you can add another entity(ies).
Disclosure for Melvin Fernfeather: Research Entity Information
Fuelix, Inc

1. * Did you engage in travel during the previous calendar year (January-December) that was directly paid or reimbursed by this research sponsor?
   □ Yes  □ No  □ Clear

2. * What type of interest do you, or a family member, have with the research sponsor?
   - Owner, founder, equity (shares / stocks)
   - Consulting, advisory boards, or speaking activities
   - Licensed technology, royalties
   - Board of directors, company officer, or executive management
   - Employee
   - Unrestricted Gifts

   * Please explain the relationships indicated with this entity and clarify if the relationships are for you or a family member.

3. * Do you or your family member own technology and/or did you invent any technology being utilized or evaluated in your research with this entity?
   □ Yes  □ No  □ Clear

   If yes, please include all relevant information, including the name of the technology and how it is being used.

The questions on this page relate to an entity with which you have indicated a relationship.
Annual Disclosure for Melvin Fernfeather: Research Entity Details

Click the button below to choose a research entity and indicate a relationship to report.

- Complete all questions related to the selected entity.
- Click "New Entity" to continue if you have another entity to report.
- If you have no more entities to report, click "Continue" at the top or bottom of the page.
Non-Research Outside Activities and Relationships

Annual Disclosure for Melvin Fernfeather: Non-Research Outside Activities and Relationships

The following questions relate to the University's Conflict of Interest Policy.

1. * Do you have a relative who works in your department at Wake Forest University? Based on the Nepotism Policy, a relative is defined as an immediate family member including spouse, child, parent, sibling, same-sex partner, step-parent, grandparent, in-laws of these, niece, nephew, aunt, and uncle.
   - Yes □ No □ Clear

2. * Do you have, or does a member of your family have, a consulting relationship, executive position, or a Significant Financial Interest in (answer all):
   
   A. An entity that does, or seeks to do, business with the University and for which business you are in a position or may be perceived to be in a position of influence?
   - Yes □ No □ Clear

   B. An entity that markets, produces, or has in pre-market testing a product or service that you in your University work would either evaluate or further develop, or with which the University would compete?
   - Yes □ No □ Clear

   C. An entity that supports teaching, and/or research activities (e.g.; by providing grant or gift funds, in-kind gifts, or other means)?
   - Yes □ No □ Clear

3. * Do you have, or does a member of your family have, any financial or fiduciary interests, relationships, commitments, or activities that present a potential or apparent Conflict of Interest that should be evaluated within the context of the University Policy on Conflict of Interest?
   - Yes □ No □ Clear

4. * Do you have, or does a member of your family have, non-Univeristy professional or income-producing activities involving University Members (e.g., students, staff, etc.) or other University resources (e.g., facilities, equipment, etc.)?
   - Yes □ No □ Clear

5. * Within the last three years, have you, or has any member of your family, accepted any gift, favor, or hospitality from any individual or entity doing or seeking to do business with the University that presents or may appear to present a Conflict of Interest?
   - Yes □ No □ Clear

6. * Do you devote time to any outside activities which could be a potential conflict of interest?
   - Yes □ No □ Clear

7. * Are there any other potential Conflicts of Interest or relationships that you would like to disclose?
   - Yes □ No □ Clear

If you answer “Yes” to any of the questions, a text box will appear and you must provide more detail on the outside relationship.
If you answered “Yes” to any question on the previous pages, this page will appear.

Annual Disclosure for Melvin Fernfeather: Management Plan

* Do you have a management plan?
  ☐ Yes  ☐ No  Clear

If you answer “yes” to this question, additional questions will appear, and you will be required to upload a copy of the management plan.
Annual Disclosure for Melvin Fernfeather: Assurance and Certification

- I hereby acknowledge that I have read and understand the University's Conflict of Interest Policy.
- I affirm that the information provided is to the best of my knowledge true and complete and does not misstate any facts.
- I will provide any additional information as requested by the Conflict of Interest Office.
- I have uploaded the necessary Management Plan(s) to manage, reduce, or eliminate any actual or potential conflicts of interest, if applicable. I agree to comply with the terms and conditions contained in any Management Plan(s).

*Check Yes to confirm that you understand and agree with the above statements.

After choosing yes, click "Finish" to submit your disclosure.

Click “Finish” at the top or bottom of the page to SUBMIT your annual disclosure.

After reading the bullet points above, check the “yes” box to confirm agreement.
• All information will be saved and will prepopulate your disclosure next year.
• In subsequent years, only changes to existing information and new activities/relationships will need to be reported.
Contact Information

- COIDisclosures@wakehealth.edu
- (336)716-9300