



OFFICE FOR ACADEMIC AND RESEARCH INTEGRITY
HARVARD MEDICAL SCHOOL
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**Request for Information regarding Financial Conflict of Interest related to
Public Health Service - Funded Research**

1. Information about you:

Name: _____
(first, last)
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2. Information about your request:

NIH Award Number: _____
Name of the Investigator: _____
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If you need assistance with this information, please access the National Institutes of Health's Report tool for assistance at <http://projectreporter.nih.gov/reporter.cfm>.

Reason for Request: _____

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Please complete, sign, scan and email this form to outside_activities@hms.harvard.edu or mail to [Director, Office for Academic and Research Integrity](#), Harvard Medical School, Gordon Hall, 25 Shattuck Street, Boston, MA 02115.