



**This reporting form is required for Biomed Faculty not employed by Brown University.**

As required by The Warren Alpert Medical School of Brown University [Conflict of Interest and Commitment Policy Reporting and Review Process](#) and the [Brown University Conflict of Interest and Commitment Policy](#), Academic Appointees in the Medical School who are not employed by Brown University must use this form to report potential, perceived, or actual conflicts of interest or conflicts of commitment.

Forms should be submitted to [BMFA@brown.edu](mailto:BMFA@brown.edu).

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**Please summarize one conflict per form, and submit additional forms for each new conflict.**

**Date:**

**Full Name:**

**Preferred email address:**

**Department:**

**Academic Title:**

**Affiliate Hospital/Employer:**

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**Summary and nature of the potential, perceived, or actual conflict (one conflict per submission):**

**Was the conflict disclosed or reported to an entity other than Brown? Yes No**  
**If yes, to which entity was the conflict reported?**

**Does a management plan for the conflict exist? Yes No**

If yes, provide information on how the conflict is being managed.  
If no, provide information on how the conflict *could* be managed.