Using the electronic Project Specific Disclosure of Financial Interest (eSDFI) Form

The Office of Sponsored Programs (OSP) has replaced the paper SDFI form with the online eSDFI form. The eSDFI is available at: <u>https://sdfi.umassmed.edu/SDFI</u> This link can be accessed on the OSP forms page as well as the Financial Conflict of Interest (FCOI) forms page.

For questions regarding the eSDFI form, please utilize the extensive FAQ series (highlighted) found at the top of the form. Many of the items addressed include definitions; when to complete the form; and what needs to be reported.



The following page appears when you click on the eSDFI link:



Click on next; Page 2 will appear. Please note that all asterisked (*) items must be filled in.

Wass Chan Medical school More Instructions Definitions Review Process and Guidelines SDELloh Aid		
Summary Disclosure of Fil	ancial Interests (Page 2 of 6)	
Enter Project Details		
Message to Disclosers :	This has been created as a test document. SMD	
Project Type* :	Proposal	
RMS Proposal ID* :	Test_Doc_123	
Principal Investigator First Name* :	Jane	
Principal Investigator Last Name* :	Doe	
Principal Investigator Email*:	sarah.dugan@umassmed.edu	
Principal Investigator Title* :	Associate Professor	

If you are preparing this form for someone other than yourself, please check the box highlighted below and enter your name and email address. After the remaining fields have been completed click on the next button (also highlighted).

Preparer First Name* :	Sarah
Preparer Last Name* :	Dugan
Preparer Email* :	sarah.dugan@umassmed.edu
partment* :	Cell Biology
ect Title* :	Test_for_Demo_Purposes
nsor* :	NIH
ect Start Date* :	11/01/2023
ect End Date* :	10/31/2025
nan Subjects?* :	YesNo
mal Subjects?* :	YesNo
Non–University Investigators be ociated with the project. e.g., sub MS must be assured that the Inve h assurance should be provided ^s	sponsible with the PI or Co–PI for the design, conduct, or reporting of the activities cipients, consultants, collaborators, others with significant responsibilities)? If yes, O Yes gators' home institution(s) have policies that comply with the sponsor's regulations. No

The following page will appear. Click on the Add New Disclosure Investigator Button (highlighted) to add additional investigators to the SDFI if needed. NOTE: the September 2023 form has added a new, second field, titled "Add New External Investigator."

UMass Chan MEDICAL SCHOOL	ice of Res	earch	
Home Instructions Definit	tions Review Process and Guideline	es SDFI Job Aid	
Summary Disclosure	of Financial Interests (Pa	age 3 of 6)	
Enter UMMS Personnel Iden	tified as Investigators		
to as "investigator" are required t individuals (including personnel fl undergraduate, and other person project Principal Investigator to th	o complete this disclosure. The term " rom other institutions) who are involv nel who may be listed as authors on p he list below. Their disclosure informa ator	"investigator" below includes, but is not limited to the red in accomplishing project objectives. It may includ project results, even if they are not paid from the pro- tition was added on the prior page.	e Co-investigators, and any other e students, graduate and ject. Please do not add the
	Title	Disclosure Investigator Email	Commands
Disclosure Investigator Name		Disclosure intestigator Entail	
Disclosure Investigator Name Disclosure Investigator Name Add New External Investigator	Dr Institution	Esternal Investigator Final	Commands
Disclosure Investigator Name Add New External Investigator External Investigator Name	pr Institution	External Investigator Email	Commands

As shown below, if the button "Add New Disclosure Investigator" or "Add New External Investigator" is pressed, the fields will need to be filled in before advancing on to the next screen. If either button was pressed mistakenly, simply hit "Cancel" and the fields will disappear.

\oplus Add New Disclosure Investigator			
Disclosure Investigator Name	Title	Disclosure Investigator Email	Commands
			Save Cancel
① The Disclosure Investigator Name ① The Title field is required. ① The Disclosure Investigator Email field is required. (* required. * required. * required.		il field is	
External Investigator Name	Institution	External Investigator Email	Commands
			Save Cancel
Previous Next			

Once the necessary fields are completed and the "Save" buttons are clicked, the "Next" button is clicked (highlighted) to proceed.

Disclosure Investigator Name	Title	Disclosure Investigator Email	Commands
🕀 Add New External Investigator			
External Investigator Name	Institution	External Investigator Email	Commands
Betty White	Boston University	sarah.dugan@umassmed.edu	Save Cancel

Once the Next button is clicked, you will be taken to the eSDFI Confirmation page where you will be able to review the eSDFI form before sending it to the Investigators. If you need to revise any of the information on the page, click on the Previous button to go back and make revisions. If everything is ok, click on the Send button (highlighted) to distribute the eSDFI form for signatures.

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Home Instructions Definitions R	eview Process and Guidelines SDFI Job Aid
Summary Disclosure of Fin	ancial Interests (Page 4 of 6)
Confirmation	
Please confirm the following information an information.	nd click the SEND button if you are ready. Otherwise, click the PREVIOUS button to go back and revise your
Message	
This has been created as a test document.	SMD
Design Title	
Project Litle	
Test_for_Demo_Purposes	
AGREEMENT INFORMATION	
	Proposal
Project Type :	Test Doc 123
Rivis Proposal ID :	lane
Principal Investigator First Name:	Doe
Principal Investigator Last Name:	sarah.dugan@umassmed.edu
Principal Investigator Email:	Associate Professor
Principal Investigator Title:	Sarah
Preparer First Name:	Dugan
Preparer Last Name:	sarah dugan@umassmed.edu
Preparer Email:	
Department:	NIH
Sponsor:	11/01/2023
Project Start Date:	10/31/2025
Human Subject 2	No
Animal Subjects?	No
Will Non-University Investigators be responsible with the PI or Co-PI for the design, conduct, or reporting of the activities associated with the project.:	No
NOTE: No Non-University Investigator Type	is were chosen
If you would like to change any of this information, please click PREVIOUS. If you are represented and the please click SEND.	

When the "Send" button is clicked, the page below will appear. Please bookmark this page so you can return to check the status (highlighted) of the form and to send reminders.



Recipients will receive a link to the following DocuSign document from the email address of <u>SDFI@umassmed.edu</u>. Begin by clicking on the yellow "START" tab to the left to be taken to the first part of the document to be filled out.



The signer will be moved to the part of the document, below. Answer the questions by *FIRST* clicking on the yellow "CHOOSE" tab (highlighted), then the appropriate answer. If you do not click on the yellow CHOOSE tab, the answer will not save and you cannot progress to the next question.



After questions 1-3 are answered, you will be taken to the signature line. Fill in as appropriate. Once submitted, the status of the eSDFI form can be checked with the <u>web address previously bookmarked</u>.

By using the bookmarked web address, the eSDFI form's status can be found under "DETAILED STATUS." Note that the status of the form has changed from "sent" to "completed" (highlighted).



Once all disclosing investigators have signed their DocuSign document, the system will send an email to the <u>sdfi@umassmed.edu</u> mailbox to notify OSP that the eSDFI form is complete.

Questions?

Questions about the form itself can be directed to <u>OSP</u> during office hours (Tuesday and Thursday from 11a – noon) or to <u>your OSP</u> <u>specialist</u>.

Questions about disclosure can be directed to <u>COI</u> via <u>COI@umassmed.edu</u>