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| **Annual Report of Referrals for Non-Compliance With**  **Ethics Requirements (Summary of Form NIH-2850)**  NIH Ethics Manual, Chapter 2400-08 | Department of Health and Human Services  National Institutes of Health |

**I. INSTITUTE/CENTER DEPUTY ETHICS COUNSELOR**  **DUE: January 31st each year**

1. IC: 2. REPORTING PERIOD: CY 3. DATE SUBMITTED:

4. Referrals: Indicate the number of NIH-2850 referral forms sent to supervisors, and the follow-up actions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for Referral** | **# Referred** | **# Received Back** | **# Reviewed by DEC** |
| Financial Disclosure |  |  |  |
| Divestiture |  |  |  |
| Outside Activity |  |  |  |
| Official Duty Activity |  |  |  |
| Award |  |  |  |
| Recusal |  |  |  |
| Waiver |  |  |  |
| Honorary Degree |  |  |  |
| Gift Acceptance |  |  |  |
| Training |  |  |  |
| Other |  |  |  |

5. DEC Certification:

I certify that I have reviewed all forms NIH-2850.

Comments (optional):

Name (please print):

Signature: Date:

**Submit Original Report to the NIH Ethics Office.** Attach copies of all completed NIH-2850 forms.

**II. NIH ETHICS OFFICE**

Date Received: Date Reviewed:

Comments (optional):

Reviewed by: Name:

Signature:

Original filed in NIH Ethics Office

NIH-2802 (Rev 1/12)