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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**

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**DUE: January 31<sup>st</sup> each year****I. DEPUTY ETHICS COUNSELOR**

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

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

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**II. NIH ETHICS OFFICE**

Date Received:

Date Reviewed:

Comments (optional):

Reviewed by: Name:

Signature:

Original filed in NIH Ethics Office