

## PHS Financial Conflict of Interest Disclosure Form

SiVEC BIOTECHNOLOGIES, LLC

This form is to be completed by all Public Health Service (PHS)-Supported Investigators. Submit this form when requested for pending awards, JIT requests from the PHS, including the National Institutes of Health (NIH), or any other entity that has adopted the PHS requirements for financial disclosure. For more information, see SiVEC Biotechnologies' PHS Financial Conflict of Interest (FCOI) Policy.

This submittal is for:  Initial Disclosure  Updated Disclosure

Disclosing Investigator Name: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

Proposal Number or Agency Award Number: \_\_\_\_\_

Proposal/Project Title: \_\_\_\_\_

This project is a renewal or continuation for which I have already disclosed and been approved by the COI Committee; and I have no new interests; and there have been no changes to what I disclosed previously. Please skip to Certification by Disclosing Investigator.

**Definitions:** For purposes of the questions and statements below, the following definitions apply.

- **Remuneration** includes salary and any payment for services not otherwise identified as salary, e.g., consulting fees, honoraria, paid authorship.
- **Equity Interest** includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.
- **Institution** refers to SiVEC Biotechnologies.
- **Institutional Responsibilities** means an Investigator's professional responsibilities on behalf of the Institution, and as defined by the Institution, including, but not limited to, activities such as research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.
- **Investigator** means the project director or Principal Investigator (PD/PI) and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research funded by the PHS, or proposed for such funding, which may include, for example, collaborators or consultants.
- **Reimbursed Travel** occurs when a SiVEC Biotechnologies employee, spouse, and/or dependent children are directly reimbursed for travel expenses.
- **Sponsored Travel** is when funds are paid on behalf of SiVEC Biotechnologies employee, spouse, and/or dependent children by a third party, for travel expenses.

Please answer the following questions (see definitions above):

- 1) **Remuneration and Equity – Publicly Traded Companies:** Does the value of any Remuneration received by you, your spouse, and/or your dependent children, from a publicly-traded company in the 12 months

preceding this disclosure or the value of any Equity Interest in that company held by you, your spouse, and your dependent children, when aggregated, exceed \$5,000?

No       Yes

If you answered “no”, please proceed to Question 2.

If you answered “yes” to the question above: Is any such remuneration and/or interests in any way related, or appear to be related, to your Institutional Responsibilities?

No       Yes

If you answered yes to both parts of Question 1, please fill out the PHS Supplemental Disclosure Statement and, if applicable, a Financial Conflict of Interest Management Plan.

- 2) **Remuneration – Non-Publicly Traded Companies:** Does the value of any Remuneration received by you, your spouse, and/or your dependent children, from a non-publicly traded company in the 12 months preceding this disclosure, when aggregated, exceed \$5,000?

No       Yes

If you answered “no”, please proceed to Question 3.

If you answered “yes” to the question above: Is any such Remuneration in any way related, or appear to be related, to your institutional responsibilities?

No       Yes

If you answered yes to both parts of Question 2, please fill out the PHS Supplemental Disclosure Statement, and if applicable, a Financial Conflict of Interest Management Plan.

- 3) **Equity – Non-Publicly Traded Companies:** Do you, your spouse, and/or your dependent children, hold or own any Equity Interest in a non-publicly traded company?

No       Yes

If you answered “no”, please proceed to Question 4.

If you answered “yes” to the question above: Is any such interest in any way related, or appear to be related, to your Institutional Responsibilities?

No       Yes

If you answered yes to both parts of Question 3, please fill out the PHS Supplemental Disclosure Statement, and if applicable, a Financial Conflict of Interest Management Plan.

- 4) **Intellectual Property:** Have you, your spouse, and/or your dependent children received income related to intellectual property rights and interests (e.g., patents, copyrights), other than intellectual property rights assigned to SiVEC Biotechnologies?

No       Yes

If you answered “no”, please proceed to Question 5.

If you answered “yes” to the question above: Is any such interest in any way related, or does it appear to be related, to your Institutional Responsibilities?

No       Yes

If you answered yes to both parts of Question 4, please fill out the PHS Supplemental Disclosure Statement, and if applicable, a Financial Conflict of Interest Management Plan.

5) **Travel:** Have you, your spouse, and/or your dependent children performed any Sponsored Travel or Reimbursed Travel related to your Institutional Responsibilities?

No       Yes

If you answered “no”, please proceed to the next section of this form.

If you answered “yes” to the question above, consider if you need to report Sponsored Travel or Reimbursed Travel: Sponsored Travel and Reimbursed Travel are EXEMPT from reporting when reimbursement is received from or travel is sponsored by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, or a medical center or research institute that is affiliated with an institution of higher education within the United States of America. All travel sponsored or reimbursed from an entity outside the United States must be reported. In addition, investigators must disclose reimbursed and sponsored travel for the previous 12-month period at the time of application for PHS sponsored funding.

Have you received Sponsored or Reimbursed Travel that is not exempt and therefore must be reported?

No       Yes

If you answered “yes”, please complete the Sponsored & Reimbursed Travel Form for each occurrence of sponsored or reimbursed travel and attach to this declaration. **Please note:** For this and future Reimbursed or Sponsored Travel, you must submit reports within thirty (30) days of any completion of travel, and if applicable, a Financial Conflict of Interest Management Plan.

**Investigators:** List all other individuals, regardless of title or position, who are in any way responsible for the design, conduct or reporting of research in which you are participating that is funded by the Public Health Service (including any related or sub-entity of PHS). Include full name and email address. Attach additional sheets, if necessary.

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**Certification by Disclosing Investigator**

I have read and understand the SiVEC Biotechnologies PHS Financial Conflict of Interest Policy. This declaration of financial interest and potential conflict of interest has been examined by me and to the best of my knowledge and belief is a true, correct, and complete statement including all required financial disclosures. I agree to comply with any conditions or restrictions imposed by SiVEC Biotechnologies for the purpose of managing, reducing, or eliminating actual or potential conflicts of interest in connection with this grant. Any changes to this statement, or new information related thereto, will be reported prior to any PHS-supported proposal submission, and at any time, on an ad hoc basis, as soon as practicable upon discovery and/or acquisition.

**Signature of Investigator** \_\_\_\_\_

**Date** \_\_\_\_\_