

IT Bio, LLC

Significant Financial Interest Disclosure Form

Investigator Name:

Phone Number:

Email Address:

Funding Agency:

Project title:

Investigator's Disclosure:

I have significant financial interest (as defined in the IT BIO's Policies & Procedures for Financial Disclosures and Conflicts of Interest in Extramurally Sponsored Activities) in the project outcome. I am disclosing the following interest(s):

- Ownership Interests (A)
- Receipt of Compensation (B)
- Receipt of Fees and Commissions (C)
- Travel (D)
- None. I have no financial conflict of interest

If Yes to A-C. Please disclose:

1. Entity name in which the Investigator (and spouse and dependent children) has Significant Financial Interest. Investigators require disclosure of financial interests in the 12 months preceding the disclosure and value of equity interest as of the date of disclosure

2. Provide for disclosure of intellectual property (IP) rights and interests (e.g., patents, copyrights), upon the receipt of income related to such rights and interests up to a \$5,000.

3. If the financial interests received from a foreign institution of higher education or the government of another country.

4. If Significant Financial Interest is from a publicly traded or non-publicly traded entity.

5. The value of the Significant Financial Interest.

D. Provide for the disclosure of reimbursed or sponsored travel that includes at a minimum, the purpose of the trip, the identity of the sponsor/organizer, the destination, and the duration

I, _____ hereby declare that this statement of significant financial interests under definition of the "U.S.C. Code 20 U.S.C. 1001(a)" (including accompanying additional pages and statements) has been examined by me and that to the best of my knowledge and belief is a true, correct, accurate, and complete statement of all such interests required to be disclosed by law, regulation, or policy. I have read and agree to comply with the IT BIO policies on Conflicts of Interest. I have complied with Federal conflict of interest policies and regulations. Also, I understand that failure to file this statement as required or intentionally filing a false statement may result in disciplinary action. Any changes with regard to information provided on this statement will be reported when it becomes known to me.

Signature _____ Date _____

Submit this form and all additional pages and statements to Director of Research IT BIO for review and signature.

Verification: I have reviewed the potential or actual conflicts of interest with the above-named individual. The disclosures are in compliance with IT BIO FCOI policy.

IT BIO Director of Research: Signature _____ Date _____