

**SCINTILLON INSTITUTE**  
**CONFLICT OF INTEREST DISCLOSURE STATEMENT**

Name: \_\_\_\_\_

I am reporting on activities:     for fiscal year \_\_\_\_\_  
 as an addendum/update to my most recent report

YES	NO	Related to PHS-Funded Research?	<b>IN THE LAST TWELVE MONTHS:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Compensation:</b> Have you or a member of your Immediate Family received salary, compensations, or an honorarium for activities such as consulting, serving as an expert witness, advisory board membership, etc.? If yes, furnish explanatory information on the attached pages below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Equity Interests:</b> Do you or a member of your Immediate Family own stock, stock options, or other ownership interests with a publicly-traded or privately-owned entity? If yes, furnish explanatory information on the attached pages below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Role:</b> Do you or a member of your Immediate Family serve as a director, trustee, officer, or other key employee in a for-profit corporation, partnership, business, or other entity outside of the Institute? If yes, furnish explanatory information on the attached pages below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Intellectual Property:</b> Do you or a member of your Immediate Family have rights to and/or receive royalties from intellectual property (including, patents, copyrights and trademarks but excluding academic or scholarly works) licensed to and/or owned by a for-profit entity? Do NOT include intellectual property owned or managed by SI. If yes, furnish explanatory information on the attached pages below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Travel:</b> Have you or a member of your Immediate Family participated in any reimbursed or sponsored travel (i.e., that which is paid on behalf of the Investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available)? If yes, furnish explanatory information on the attached pages below.

**Certification:**

I have read and understand the Institution's Financial Conflict of Interest policy and have completed this report to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by the Institution to manage any real or perceived FCOI. Should my outside financial or managerial interests, or those of my Immediate Family, change in a way that results in different answers to any of the questions asked in this report; I agree to submit a revision within 30 days of the change.

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

\_\_\_\_\_  
**Signature**

## EXPLANATORY INFORMATION FOR ITEMS CHECKED “YES”

For each item below, indicate whether you are providing information about your own interests or those of your Immediate Family member. If the interests are shared, complete both the “Self” and “Family Member” sections and differentiate interests in the narrative explanation section. Provide detailed information to explain each item that was checked “yes” in the table above. If an item checked “yes” is related to PHS-funded research, include the project title, funding agency name, and an explanation as to how the conflict relates to the project in the explanation section.

### COMPENSATION

**Reporting for:**       Self                       Family Member  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Name of External Entity:** \_\_\_\_\_

**Address of External Entity:** \_\_\_\_\_

**Amount of Compensation Received:** \$ \_\_\_\_\_

**Explanation:** \_\_\_\_\_

### EQUITY INTERESTS

**Reporting for:**       Self                       Family Member  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Name of External Entity:** \_\_\_\_\_

**Address of External Entity:** \_\_\_\_\_

**Amount of Equity Owned:** \$ \_\_\_\_\_

**Explanation:** \_\_\_\_\_

**ROLE**

**Reporting for:**       Self       Family Member  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Name of External Entity:** \_\_\_\_\_  
**Address of External Entity:** \_\_\_\_\_

**Role(s) Currently Serving:** \_\_\_\_\_

**Explanation:** \_\_\_\_\_

**INTELLECTUAL PROPERTY**

**Reporting for:**       Self       Family Member  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Name of External Entity:** \_\_\_\_\_  
**Address of External Entity:** \_\_\_\_\_

**Amount/Value of Royalties or Intellectual Property Rights:** \$ \_\_\_\_\_

**Explanation:** \_\_\_\_\_

**TRAVEL**

**Reporting for:**       Self       Family Member  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Name of External Entity:** \_\_\_\_\_  
**Address of External Entity:** \_\_\_\_\_

**Amount Paid by Entity for Travel:** \$ \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Duration of Trip:** \_\_\_\_\_

**Purpose of Trip:** \_\_\_\_\_

**Explanation:** \_\_\_\_\_

**OTHER ADDITIONAL COMMENTS FOR ANY OF THE ITEMS ABOVE**

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**INSTITUTIONAL CERTIFICATION**

- No further review required. No Financial Interests disclosed.
- Further review required. Refer to *Explanatory Information for Items Checked Yes*.
- No further review required. Significant Financial Interests disclosed **do not** represent a financial conflict of interest.
- Further review required. Significant Financial Interests disclosed represent a financial conflict of interest. Forward to Conflicts Committee for investigation.

\_\_\_\_\_  
Institutional Official/Designee Signature

\_\_\_\_\_  
Date