

Investigator's Disclosure of Economic Interests Addendum

PLEASE NOTE THAT ONLY TYPED FORMS WILL BE ACCEPTED.

Contact Information

Disclosing Individual:

Department:

Payroll Title:

Appointment (Percentage):

Zot Code:

Phone:

Funding Information

(Double click on check box to indicate selection)

Funding Source ("Sponsor"):

Type of Award: Gift Grant Contract Clinical Trial Agreement

If this form is attached to a 700-U, is this: Application: Completion:

Project Title or Intended Use of Funds:

UC Proposal/Award # (if known):

Amount of Award:

What is the project's performance period?:

Principal Investigator's Name (if different):

Description of Financial Interests

Name of Entity In Which You Have a Financial Interest:

Entity's Address:

Principal Business of Entity:

1. Do you, your spouse, or a dependent child hold a position of management or employment with this Entity or are you a founding member or a scientific board member of this Entity? Examples include, but are not limited to board member, director, officer, partner, trustee or employee.
 - NO
 - YES, Position:

2. Please indicate the nature of your financial interest(s) in the sponsor or Entity, the cumulative amounts received or promised within the previous 12 months, and the recipient if someone other than yourself. Include any investments made or income received by you, your spouse, or dependent child(ren). *Do not include University-managed funds, such as gifts, grants, contracts, or salary and royalty payments from the University.*

Income

Recipient of Income: Self Spouse Dependent Children

- a) Consulting \$ _____
- b) Honoraria \$ _____
- c) Salary \$ _____
- d) Per diem \$ _____

Do you anticipate future income through the entity is any of the categories just described (consulting, honoraria, salary, per diem). If yes, please indicate projected time period.

Gift (personal gifts received)

Recipient of Gift: Self Spouse Dependent Children

Amount of gift \$ _____

Equity

Recipient of Equity: Self Spouse Dependent Children

- a) Dividends \$ _____
- b) Stock
 - Stock Value \$ _____
 - Number of Shares _____

c) What percentage of Entity's issued and outstanding shares does this interest represent? (check box)

0-5% 6-10% 11-25% >26%

d) Stock Options

- Value of Options Per Share \$ _____ (current market value per share if publicly traded, or an internal estimate of value if not publicly traded)
- Number of Options _____
- Total Value \$ _____
- Expiration Date _____

e) What percentage of sponsor's issued and outstanding shares does this interest represent? (check box)

0-5% 6-10% 11-25% >26%

Loans

Recipient of Loan: Self Spouse Dependent Children

Amount of loan \$ _____

Travel

Has the entity paid for your travel?

- NO
 YES

Amount of travel \$ _____

Description and purpose of travel:

3. If you or a family member have received a *consulting fee* from the Entity, specifically describe the nature of your consulting activities or services. Please also indicate if they relate to the proposed project. If consulting income exceeded \$10,000 within the last 12 months, attach a copy of the consulting agreement.
4. If you received *honoraria* from the Entity, describe the services for which it was received.

5. Does Entity hold rights to a *pending application* or *issued patent* to an invention(s), license rights, or copyright for software of yours, your spouse, or dependent children?
- NO
 - YES, but the license is from the University
 - YES, and the application, patent, or license is NOT from the University. Please describe.

Direct and Significant Impact

Attach additional sheets as necessary to fully answer questions.

6. Is Entity a subcontractor, consortium member, supplier of goods, lessor, or otherwise involved with the project?
- NO
 - YES, please explain involvement
7. Does, or will, the Entity manufacture or commercialize any device, procedure, drug, vaccine or any other product that is associated with or that will predictably result from the project?
- NO
 - YES, please explain
8. Is it reasonable to anticipate that the Entity could be directly and significantly affected by the design, conduct, or reporting of the research activity?
- NO, please explain

 - YES, please explain

Separation of University and Outside Interests

9. How are you keeping your interests and obligations to the Entity separate from your University activity? Responses could include examples of a clear division of the Entity's goals and the work performed on the proposed University research or indicate use of study mechanisms such as validation of data by a third party or blinded testing. Other examples may include actual physical separation (separate

labs) of University research and research performed for Entity as a consultant. Attach sheets, as needed.

10. If the company in which you have a financial interest is sponsoring this project, what role did you play in the Entity's decision to make this award?

11. Please attach a brief description of the activity and how this activity benefits the University's mission of teaching, research and public service. If the project involves testing of any drugs or devices or the development of a product, please describe in detail.

12. Is the Entity providing any of the following? (check all that apply and describe)
Proprietary data Test material or drugs Equipment
Use of Entity's facility Sponsor's personnel

13. Does the Entity participate in deciding the direction of the research? If so, how?

14. Please provide a representative list of your current research publications in subject areas related to the award, gift, or IRB protocol. (You may attach your response.)
 See attached.

Openness of Teaching and Research Environment

15. Are students involved in the research?
 NO
 YES

16. Are there any constraints or restrictions imposed on the reporting of student work?
 NO
 YES, please explain

17. What is the nature of compensation to the students (e.g., course credits, thesis, salary, etc.)?

18. Will there be any controls on the dissemination and publication of research results?
If so, please describe.
- NO
 - YES

Use of University Resources and Facilities

19. Is the sponsor supporting full direct and indirect costs of this project? If gift, please indicate "Not Applicable."
- NO
 - YES
 - NOT APPLICABLE
20. Please list any other sponsors of this research including the amount of the support. Also, please identify any University funds that will be supplementing the project.

Licensing

21. Is there the possibility for patentable inventions being developed on this project?
22. If yes, is the granting of an exclusive license to the sponsor or Entity contemplated?

Human Subject Research

23. Does this project involve human subjects? (If no, please proceed to the "Verification" section.)
- NO
 - YES, please indicate protocol number
24. Does the consent form contain standard language sufficient to inform subjects of any potential financial conflict of interests? If so, please indicate the language provided in the consent form?
- NO
 - YES, please describe

Verification

I certify under penalty of perjury that this is a complete disclosure of all financial interests related to the specified project, I have used all reasonable diligence in preparing this Description of Financial Interest Disclosure, and to the best of my knowledge it is true and complete.

Signature

Date

Retention of Information: Three (3) years after termination of project or until resolution of any action by the sponsor, whichever is greater. The Office of Record is the Sponsored Projects Office