**Financial Conflicts of Interest Disclosure Form**

**(See CU’s Policy on Financial Conflicts of Interest in Externally Funded Research)**

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

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the questions below. **If you answer “Yes” for *any* question, please complete a Disclosure Attachment for *each* external or other interest disclosed.** If you answer “No” to all questions, please sign below and submit the completed form to the Office of Research and Sponsored Programs.

|  |  |  |
| --- | --- | --- |
| 🞏 Yes | 🞏 No | 1. **Compensation**. During the past 12 months, did you, your spouse, registered domestic partner, or dependent children of you or your registered domestic partner receive aggregated compensation – monetary or otherwise (e.g. consulting fees, honoraria, speaking fees, stipends, dividends, ownership interest, equity interest, stock, stock options and gifts)—exceeding $5,000 in value from an external (non-CU) entity operating in areas relating to your CU responsibilities? |
| 🞏 Yes | 🞏 No | 1. **Equity**. Did you, your spouse, registered domestic partner, or dependent children of you or your registered domestic partner hold at any time during the past 12 months, an ownership interest in an external entity operating in areas relating to your CU responsibilities and which, when aggregated together for all of you, represent either (i) an equity interest that exceeds $5,000 in value or 5% ownership of a public entity OR (ii) any ownership of a non-public entity? |
| 🞏 Yes | 🞏 No | 1. **Reimbursed or Sponsored Travel**. During the past 12 months or in the next 12 months, did you participate in/do you plan to participate in any travel that was or will be reimbursed or sponsored by an external (non-CU) entity operating in areas relating to your CU responsibilities? Do not report travel reimbursed or sponsored by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education. |
| 🞏 Yes | 🞏 No | 1. **Role**. During the past 12 months, did you, your spouse, registered domestic partner, or dependent children of you or your registered domestic partner serve as a director, trustee, officer or other key employee in a corporation, partnership, business, or other outside entity that operates in areas relating to your CU responsibilities? |
| 🞏 Yes | 🞏 No | 1. **Intellectual Property**. During the past 12 months, did you, your spouse, registered domestic partner, or dependent children of you or your registered domestic partner receive income related to any interests or rights in intellectual property related to your CU responsibilities? |
| 🞏 Yes | 🞏 No | 1. Under CU’s Individual Conflicts of Interest Policy, a conflict of interest refers to a situation in which (1) the employee’s personal interest may affect, or may reasonably have the appearance of affecting, the employee’s judgment in performing a university-related responsibility; or (2) the employee has the opportunity, or appears to have the opportunity, to influence the university’s decisions in ways that could lead to personal advantage to the employee or the employee’s relative or household member. Do you have a conflict of interest subject to disclosure under the Individual Conflicts of Interest Policy? |

I have read and understand CU’s Policy on Financial Conflict of Interest in Externally Funded Research and CU’s Policy on Individual Conflicts of Interest. I affirm that the above information (and the information contained in the attached statements, if any) is true to the best of my knowledge and that I will update the information provided if the information is no longer accurate or complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

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**Disclosure Attachment Form**

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

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting for 🞏 Self 🞏 Family Member:

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list your current sponsored program and/or research including the name of the principal investigators and title of the study.
2. Identify the name and address of the entity from which you are receiving or will receive the disclosed compensation, in which you hold an ownership interest in, which has or will sponsor or reimburse you for your travel, or which otherwise was the subject of your disclosure.
3. Please describe how your disclosed external relationship with the above noted entity does or does not relate to your CU responsibilities.
4. Identify the type of entity.

🞏 For profit (publicly-owned)

🞏 For profit (privately-held)

🞏 Non profit

🞏 Governmental/Public

1. Describe the business of this entity.
2. Identify the type of remuneration.

🞏 Compensation

🞏 Equity Ownership

🞏 Travel

Purpose of Travel:

Destination:

Duration of Travel:

Estimated Value of Travel, if known:

🞏 Intellectual Property Rights

🞏 Speaking

🞏 Consulting

🞏 Other (Please describe)

**Disclosure Attachment Form**

**Page 2**

1. Please separately identify the aggregate annual amount of (1) compensation; (2) value of sponsored or reimbursed travel; and (3) fair market value of ownership interest. Please also identify when any compensation did or will occur.
2. Please provide a brief description of your role and responsibilities or ownership interest in the entity, including any applicable titles held by you, your spouse, registered domestic partner, or dependent children of you or your registered domestic partner.
3. If the disclosed interest is royalties or licensing fees, please describe the intellectual property to which the payments are related and how it is or is not related to your CU responsibilities.
4. If you are providing speaking presentations and/or consulting for the entity listed above, please describe the nature, terms, and conditions of the activities.
5. Please describe any other information which may be relevant to the disclosure made.

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(Signature) (Date)