

2021 ANNUAL

Investigator Conflict of Interest (COI) Disclosure Form

September 2020 to September 2021

Please complete and submit this form to researchcompliance@isbscience.org by October 15.

Name: _____ Date of Disclosure: _____

Lab Group: _____ (Subcontractors, please indicate subcontract)

The questions below relate to,

1. any **significant financial interest (SFI)** that reasonably appears to be related to your *Institutional Responsibilities* (i.e. your professional responsibilities at ISB which may include research, consultation, teaching, professional practice, clinical activities, purchasing, institutional committee membership (e.g. IACUC and IBS) and service on advisory or review panels or boards).
2. any **SFI you owned or acquired during the past twelve (12) months from the date of this disclosure, even if you disclosed it previously.**

Please indicate one of the following:

This is my **INITIAL** COI Disclosure Form (i.e. I do not have a COI Disclosure Form on file).

This is my **ANNUAL** COI Disclosure Form.

This is a **REVISION/UPDATE** to my COI Disclosure Form on file.

PART 1: REIMBURSED OR SPONSORED TRAVEL

This section applies only to you, not your family members.

Please disclose instances of reimbursed or sponsored travel *related to your Institutional Responsibilities* which are **more than \$5,000 in total from the same entity and which occurred in the past twelve (12) months.**

Sponsored travel is when expenses are paid by an outside entity on your behalf; the exact monetary value may not be known.

Reimbursed travel is when expenses are paid by you and then reimbursed directly to you by an outside entity; the exact monetary value should be known.

EXCEPTIONS: You do not need to disclose travel reimbursed or paid by,

- a U.S. federal, state, or local government agency;
- a U.S. accredited institution of higher education;
- a U.S. academic teaching hospital;
- a U.S. medical center;
- a domestic research institution affiliated with a U.S. institution of higher education;
- a sponsored project/grant.

Please check **one**:

I have **no** reimbursed or sponsored travel to disclose.

Details of my reimbursed or sponsored travel are provided below:

Sponsor/Organizer	
Purpose of Trip <i>(e.g. talk at symposium, meeting w/ collaborators, etc.)</i>	
Destination	
Duration <i>(start and end dates)</i>	
Cost or Value <i>(if known)</i>	

Sponsor/Organizer	
Purpose of Trip <i>(e.g. talk at symposium, meeting w/ collaborators, etc.)</i>	
Destination	
Duration <i>(start and end dates)</i>	
Cost or Value <i>(if known)</i>	

Sponsor/Organizer	
Purpose of Trip <i>(e.g. talk at symposium, meeting w/ collaborators, etc.)</i>	
Destination	
Duration <i>(start and end dates)</i>	
Cost or Value <i>(if known)</i>	

Sponsor/Organizer	
Purpose of Trip <i>(e.g. talk at symposium, meeting w/ collaborators, etc.)</i>	
Destination	
Duration <i>(start and end dates)</i>	
Cost or Value <i>(if known)</i>	

Sponsor/Organizer	
Purpose of Trip <i>(e.g. talk at symposium, meeting w/ collaborators, etc.)</i>	
Destination	
Duration <i>(start and end dates)</i>	
Cost or Value <i>(if known)</i>	

PART 2: COMPENSATION, EQUITY and INTELLECTUAL PROPERTY

This section applies to you, your spouse/domestic partner, and dependent child(ren).

Your responses should take into account both your own financial activities as well as those of your spouse/domestic partner and dependent children that *reasonably appear to be related to your Institutional Responsibilities*.

Compensation includes salary and any payment for services (e.g., consulting fees, honoraria, income from seminars, lectures, or teaching engagements, etc.).

Equity includes stock, stock options, or other ownership interest as determined through reference to public prices or other reasonable measures of fair market value.

EXCEPTIONS: You do not need to disclose,

- income from mutual funds or retirement accounts, as long as you or your family member do not directly control the investment decisions
- income from seminars, lectures, or teaching engagements, or services on advisory committees or review panels sponsored by
 - a U.S. federal, state, or local government agency;
 - a U.S. accredited institution of higher education;
 - a U.S. academic teaching hospital;
 - a U.S. medical center;
 - a domestic research institution affiliated with a U.S. institution of higher education;
 - a sponsored project or grant.

1. Publicly Traded Entity

In the past twelve (12) months, did you or a family member receive compensation from **or** own equity interest in a publicly traded entity where the **combined value is more than \$5,000**? *Payments received for royalties from Intellectual Property should **not** be reported here, but under item (3) below.*

Yes No

2. Non-Publicly Traded Entity

EXCEPTIONS: You do not need to disclose salary or other compensation paid to you by ISB if you are currently employed or otherwise appointed by ISB.

In the past twelve (12) months, did you or a family member receive compensation from a non-publicly traded entity **totaling more than \$5,000 or own any equity** in a non-publicly traded entity?

Yes No

3. Intellectual Property

EXCEPTIONS: You do not need to disclose income from intellectual property rights assigned to ISB or agreements with ISB to share in royalties related to such rights.

In the past twelve (12) months, did you or a family member receive income from intellectual property rights and interests (e.g. patents, copyrights, royalties, etc.)?

Yes No

PART 3: DESCRIPTION of SFI DISCLOSED in PART 2.

If you answered “NO” to all of the questions in PART TWO, skip to PART FOUR.

If you answered “YES” to any of the questions in PART TWO, please provide the following for **each** entity in which you hold an SFI. If the SFI is one that you have previously disclosed and still have, be sure to include the updated value.

Entity 1 Name			
Is the Entity's stock (shares) publicly traded or privately held?	Publicly traded	Privately held	N/A
Nature of SFI <i>(e.g., equity, consulting fee, honorarium, income from intellectual property rights):</i>			
Monetary Value	<div>\$0 - \$4,999 \$5,000 - \$9,999 \$10,000 - \$19,999</div> <div>\$20,000 - \$100,000 (indicate value by increments of \$20,000) _____</div> <div>More than \$100,000 (indicate value by increments of \$50,000) _____</div> <div>Value cannot be determined <i>(through reference to public prices or other reasonable measures of fair market value)</i></div> <div>If you checked more than one monetary value option, please explain:</div>		
Held By	Me	Spouse/Domestic Partner	Dependent Child
How is this SFI related to your Institutional Responsibilities at ISB? <i>If related to a specific research project, please provide ISB Project Number and Title.</i>			

Entity 2 Name			
Is the Entity's stock (shares) publicly traded or privately held?	Publicly traded	Privately held	N/A
Nature of SFI <i>(e.g., equity, consulting fee, honorarium, income from intellectual property rights):</i>			

Monetary Value	<div> <div>\$0 - \$4,999</div> <div>\$5,000 - \$9,999</div> <div>\$10,000 - \$19,999</div> </div>
	<div>\$20,000 - \$100,000 (indicate value by increments of \$20,000) _____</div>
	<div>More than \$100,000 (indicate value by increments of \$50,000) _____</div>
	<div>Value cannot be determined (<i>through reference to public prices or other reasonable measures of fair market value</i>)</div>
	<div>If you checked more than one monetary value option, please explain:</div>
Held By	<div> <div>Me</div> <div>Spouse/Domestic Partner</div> <div>Dependent Child</div> </div>
How is this SFI related to your Institutional Responsibilities at ISB? <i>If related to a specific research project, please provide ISB Project Number and Title.</i>	

Entity 3 Name	
Is the Entity's stock (shares) publicly traded or privately held?	<div> <div>Publicly traded</div> <div>Privately held</div> <div>N/A</div> </div>
Nature of SFI <i>(e.g., equity, consulting fee, honorarium, income from intellectual property rights):</i>	
Monetary Value	<div> <div>\$0 - \$4,999</div> <div>\$5,000 - \$9,999</div> <div>\$10,000 - \$19,999</div> </div>
	<div>\$20,000 - \$100,000 (indicate value by increments of \$20,000) _____</div>
	<div>More than \$100,000 (indicate value by increments of \$50,000) _____</div>
	<div>Value cannot be determined (<i>through reference to public prices or other reasonable measures of fair market value</i>)</div>
	<div>If you checked more than one monetary value option, please explain:</div>
Held By	<div> <div>Me</div> <div>Spouse/Domestic Partner</div> <div>Dependent Child</div> </div>
How is this SFI related to your Institutional Responsibilities at ISB? <i>If related to a specific research project, please provide ISB Project Number and Title.</i>	

PART 4: OTHER INTERESTS OR RELATIONSHIPS

Is there any other situation or relationship that might be or appear to be a conflict of interest given your role at ISB which you haven't already disclosed? Anything that wasn't captured by earlier questions that you'd like to include (e.g., *serving on Science Advisory Boards, Governing Boards, Advisory Councils, having a relationship that requires a commitment of time or effort to non-ISB activities which may, either implicitly or directly, prevent you from meeting your obligations to ISB, etc.*).

Yes No

If yes, please explain:

PART 5: FAMILY RELATIVES EMPLOYEED AT ISB

ISB attempts to avoid hiring immediate family relatives where such employment would create a significant conflict of interest or the appearance of favoritism. *Immediate relatives are defined as parents, siblings, children and spouses or domestic partners of ISB employees or those same relatives of a spouse or domestic partner.*

Do you have immediate relatives who are currently employed at ISB or have you been involved in the hiring, supervision, or review of the work of an immediate relative at ISB?

Yes No

If yes, please provide the person(s) name, title, family relationship, and supervisory relationship (if any). The information provided will be referred to HR for review.

PART 6: CERTIFICATION

I certify that;

- The answers I have provided are, to the best of my knowledge, complete, true and accurate.
- I will provide any additional information and/or update my Disclosure Form as requested.
- I acknowledge my responsibility to submit an update to this Disclosure Form if there is a relevant change in circumstances or information related to this disclosure **within 30 days** of such change.
- I acknowledge my responsibility to submit a project-specific Disclosure Form for each project in which I qualify as Investigator.

Signature

(Type your name, an electronic signature is not needed)

Date

Institutional Official *(ISB Official Use Only)*

This Investigator COI Disclosure has been reviewed by _____, a Designated Institutional Official for Conflicts of Interest, on _____.

No SFI was disclosed.

The disclosed SFI does not constitute an FCOI.

The disclosed SFI was reviewed by the COI Committee, which found no FCOI.

The disclosed SFI was reviewed by the COI Committee, which determined an actual or potential **Financial Conflict of Interest** exists. A management plan has been instituted. See COI Committee Chair for additional information, if needed.