

**FRANCISCAN HOSPITAL FOR CHILDREN
PHS-FUNDED RESEARCH CONFLICT DISCLOSURE STATEMENT**

In accordance with the FCH's Public Health Service Conflict of Interest Policy, every person, regardless of title or position, who is responsible for the design, conduct, or reporting of PHS-funded research, or proposed PHS-funded research, including, but not limited to a project director, investigator, collaborators or consultants, shall complete and submit this PHS Research Conflict of Interest Disclosure Statement to the appropriate institutional official to disclose whether or not such person or their spouse and dependent children, have a Significant Financial Interests ("SFIs") that may reasonably appear to be related to their professional responsibilities at FCH or any PHS funded research in which they are participating or planning to participate.

Name: _____ Title: _____

PHS-Funded Research Project: _____

Role in PHS-Funded Research: _____

For each of the following questions, please answer YES if you or an immediate family member has a SFI that may reasonably appear to be related to their professional responsibilities at FCH or any PHS funded research in which they are participating or planning to participate:

1. I, or an immediate family member, with regard to a publicly traded entity, received remuneration from the entity in the past 12 months or equity interest in the entity exceeding, when aggregated, \$5,000. Remuneration includes salary and any payment for services not otherwise identified as salary. Equity interest includes any stock, stock option or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value. **Yes** **No**

If Yes, please identify the publicly traded entity, the relationship of such entity to PHS-funded research, and explain the disclosable interest.

2. I, or an immediate family member, with regard to a nonpublicly traded entity, received remuneration, as described above, from the entity in the past 12 months or equity interest in the entity exceeding, when aggregated, \$5,000. **Yes** **No**

If Yes, please identify the nonpublicly traded entity, the relationship of such entity to PHS-funded research, and explain the disclosable interest.

3. I, or an immediate family member, have intellectual property rights and interests (e.g. patents, copyrights) and have received royalties or other income related to such rights and interests that when aggregated with all other SFIs exceed \$5,000 in the past 12 months. Yes No

If Yes, please identify the intellectual property rights and interests, the relationship of such rights or interests to PHS-funded research, and explain the disclosable interest.

4. I, or an immediate family member, have receive reimbursed or sponsored travel that was not reimbursed or sponsored by a United States Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education. Yes No

If Yes, please identify the purpose of the trip, the identity of the sponsor/organizer, the destination, relationship of such sponsor/organizer to PHS-funded research, and explain the disclosable interest.

I have read and understand the Franciscan Children's PHS-Funded Research Conflict of Interest Policy. Should my financial interests, or those of my immediate family, change in a way that results in different answers to any of the questions asked in this statement, I agree to submit a revision within thirty (30) days. I will also resubmit an updated disclosure of SFIs at least annually during the period of the relevant PHS-funded award

Signature

Date