EXHIBIT 1: Disclosure Form

Disclosing investigator's Name:		
Principal investigator's Name (if different from investigator):		
Grant Application or Funded Grant Number(s):		
Role on the Project(s):		
Project Title(s):		
Name of Funding Sponsor:		
☐ Initial Disclosure	☐ Annual Disclosure	☐ New SFI Disclosure

Definitions:

Renumeration: includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship)

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

Intellectual property rights and interests (e.g., patents, copyrights): upon receipt of income related to such rights and interests (e.g., royalties) not from the recipient Institution

Institutional responsibilities: an investigator's professional responsibilities on behalf of the University, which may include for example: activities such as research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.

To promote objectivity of Public Health Service (PHS) (e.g., NIH, HRSA, and other PHS agencies) funded research and preserve the public's trust that the research supported by the PHS is conducted without bias and with the highest scientific and ethical standards, investigators are required to disclose their "significant financial interests" as described below.

Disclose all domestic and foreign significant financial interests (SFI) (including those of your spouse and dependent children) *that reasonably appear to be related to your* ***institutional responsibilities*** *(i.e., SFI disclosure is not limited to your research responsibilities nor your PHS-funded research)* per the categories and dollar thresholds provided below:

1. **SFIs RELATED TO A PUBLICLY TRADED ENTITY** – Have you, your spouse and dependent children received any *remuneration* over the preceding 12 months and hold any *equity interest* in a publicly traded entity as of the date of disclosure, that when the values are aggregated, exceeds $5,000?

   ☐ **Yes:** Provide the following information for each entity in which an SFI is identified:
   - The Value of SFI or indication that value cannot be readily determined:_____
   - Entity Name as it appears on the entity's public website:_____
   - Nature of the SFI (e.g., salary, consulting fees, honorarium, paid authorship, payment for services, equity interest, etc.):_____

   ☐ **No SFI(s) exist under this category**

2. **SFI RELATED TO A NON-PUBLICLY TRADED ENTITY** – Have you, your spouse and dependent children received any *remuneration* over the preceding 12 months that *exceeds $5,000* and hold *any equity interest* in a non-publicly traded entity as of the date of disclosure?

   ☐ **Yes:** Provide the following information for each entity in which an SFI is identified:
   - The Value of SFI or indication that value cannot be readily determined:_____
   - Entity Name as it appears on the entity's public website:_____
   - Nature of the SFI (e.g., salary, consulting fees, honorarium, paid authorship, payment for services, equity interest, etc.):_____

   ☐ **No SFI(s) exist under this category**

3. **SFI RELATED TO INTELLECTUAL PROPERTY (IP) RIGHTS AND INTERESTS** – Have you, your spouse and dependent children received any income *greater than $5,000* over the preceding 12 months that is related to **intellectual property rights and interests** (e.g., patents, copyrights) from an entity other than the applicant and/or recipient institution?

   ☐ **Yes:** Provide the following information for each entity in which an SFI is identified:
   - The Value of SFI or indication that value cannot be readily determined:_____
   - Entity Name as it appears on the entity's public website:_____
   - Nature of the SFI (e.g., salary, consulting fees, honorarium, paid authorship, payment for services, equity interest, etc.):_____

   ☐ **No SFI(s) exist under this category**

4. **SFI RELATED TO REIMBURSED OR SPONSORED TRAVEL –** Have you, your spouse, and dependent children received any reimbursed or sponsored travel that exceeds $5,000 over the preceding 12 months from an entity that is related to your ***institutional responsibilities*** performed on behalf of the applicant and/or recipient Institution? Note: Exclude travel reimbursed or sponsored by: a U.S. Federal, state, or local governmental agency; a U.S. institution of higher education; a U.S. academic teaching hospital; a U.S. medical center; or a research institute affiliated with a U.S. institution of higher education.

   ☐ **Yes:** As part of the travel disclosure, provide the following information for each entity in which reimbursed or sponsored travel is identified unless travel is received from a federal, state, or local government agency located in the United States, a United States institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with a United States institution of higher education:
   - Value of the reimbursed or sponsored travel_____
   - Purpose of the trip:_____
   - Identity of the sponsor/organizer:_____
   - Destination:_____ _____
   - Duration:_____

   ☐ **No SFI(s) exist under this category**

Although this is an institutional determination, in your opinion are any disclosed "significant financial interests" identified above related to a PHS application that is expected to be awarded or an already funded PHS research project per the criteria below:

- *Could the SFI be affected by the PHS-funded (e.g., NIH-funded) research? ☐ YES ☐ No*
- *Is the SFI in an entity whose financial interest could be affected by the PHS-funded research? ☐ YES ☐ No*
- If yes, provide which SFI(s) you believe meets the criteria for relatedness to the PHS-funded research from what is disclosed above. The institution's designated official(s) will consider this information when making determinations of FCOI.

I certify under penalty of perjury that this is a complete disclosure of all my domestic and foreign significant financial interests that are related to my **institutional responsibilities** and are <u>not</u> limited to my PHS-funded research. In addition, I have used all reasonable diligence in preparing this Financial Interest Disclosure, and to the best of my knowledge it is true and complete. I also acknowledge that by signing my name below it is my responsibility to disclose my significant financial interests on an annual basis and within 30 days of discovering or acquiring a new significant financial interest or within 30 days of each travel occurrence that may arise during the period of performance of a PHS-funded project. I also certify that I have received FCOI training prior to engaging in PHS-funded research and/or within the past four years.

Investigator's Printed Name, Signature and Date