



Research Confidential Financial Disclosure Form

This Form is distributed annually to research Investigators by the Human Resources department (“HR”). **Each section of this Form must be fully completed** and returned to HR no later than January 31 of each calendar year. Questions concerning this Form and/or the interpretation or applicability of the Conflict of Interest policy should be directed to the POC.

Section I

Date Completed: _____

First Name: _____ Last Name: _____

Mailing Address _____

Office Phone: () _____ Email Address: _____

Section II

List each research project in which you are identified as a key person (use continuation page if needed).

Project Title	
Principal Investigator	
Your Role	
Project # / Sponsor	

Project Title	
Principal Investigator	
Your Role	
Project # / Sponsor	

Project Title	
Principal Investigator	
Your Role	
Project # / Sponsor	

Section III

Do you or any of your family members (your spouse, dependent children) receive or anticipate receiving within the next twelve months personal income from a company or organization whose activities could possibly relate in any way to the research cited above? Personal income includes but is not limited to consulting, speaking or other fees, honoraria, gifts, licensing revenues (royalty income), equity interests (including stocks, stock options, warrants, partnership and other equitable ownership interests), reimbursed or sponsored travel. etc.

Yes No

If yes, complete Section IV. If no, skip to section VI.



Research Confidential Financial Disclosure Form

Section IV

Identify each company or organization in which you or your family members have a personal financial interest as identified in the previous section. Indicate your current or anticipated financial interest. Answer each item yes or no – for each item answered yes, mark the appropriate annual dollar amount or estimated value. Use additional pages as needed.

Company or Organization Name: _____

Time Commitment (Hours Per Year): _____

Role and Involvement			Less than \$5,000	Greater than \$5,000	Interest in a Publicly Traded Entity
Advisory board	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Board of directors	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consulting	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job/position	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Honoraria	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Licensing royalties	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaker fees	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other fees for services					
Stock	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stock Options	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Partnership, warrants, or other ownership interest	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other earnings					

Company or Organization Name: _____

Time Commitment (Hours Per Year): _____

Role and Involvement			Less than \$5,000	Greater than \$5,000	Interest in a Publicly Traded Entity
Advisory board	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Board of directors	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consulting	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job/position	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Honoraria	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Licensing royalties	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaker fees	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other fees for services					
Stock	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stock Options	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Partnership, warrants, or other ownership interest	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other earnings					



Research Confidential Financial Disclosure Form

Section V

Please describe how your research referenced in Section II may or may not relate to your financial interest noted in Section III. Providing this information will help expedite the Disclosure Review process.

Section VI

Please list all personal compensation arrangements with third parties not listed in Section IV above whether or not related to your research cited in Section II (employee, consulting agreement, Director or Trustee, etc.).

Company/Organization	Position	Time Commitment (Hours Per Year)

Section VII

Please list all sponsored or reimbursed travel arrangements with third parties not listed in Section IV or VI above whether or not related to your research cited in Section II which are expected to exceed \$5,000 in value and will not be reimbursed by a federal, state, or local government agency, an institute of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

Company or Organization Name: _____

Purpose for Trip: _____

Time Commitment (Hours Per Year): _____

Destination	Dates of Travel	Travel Reimbursed (\$) for Individual	Travel Reimbursed (\$) for Individual's Spouse and/or Dependent Child(ren)

Company or Organization Name: _____

Purpose for Trip: _____

Time Commitment (Hours Per Year): _____

Destination	Dates of Travel	Travel Reimbursed (\$) for Individual	Travel Reimbursed (\$) for Individual's Spouse and/or Dependent Child(ren)



DONALD DANFORTH PLANT SCIENCE CENTER

DISCOVER • ENLIGHTEN • SHARE • NOURISH



Research Confidential Financial Disclosure Form

Please review your entries for accuracy, print the form, sign it and return it to the HR department.

Certification

By signing this Form, I certify that I have read the DDPSC Conflict of Interest Policy and agree to the terms stated therein. I further certify the foregoing disclosure is true and complete to the best of my knowledge and belief. I understand and agree that it is my responsibility to update this information promptly if my financial interests related to my research activities change.

Signature

Date