

## APPENDIX I:

## Significant Financial Interest Disclosure Form

[The following is a form for disclosing information relating to conflicts of interest and potential conflicts of interest.]

**CONFIDENTIAL****A. IDENTIFICATION OF POSSIBLE CONFLICT OF INTEREST**

In the space below, please describe the relevant research activities that may be affected by the financial or ownership interest that you, your spouse, domestic partner, your dependent children, or other household members may have. Complete the remainder of this section with this possible conflict of interest in mind. Please insert additional pages as necessary to complete this section.

**B. OWNERSHIP INTERESTS**

List any corporation, partnership, proprietorship, trust, joint venture, and any other business interest, including land used for income in which either you or your spouse, domestic partner, your dependent children, or other household members own or have owned within the preceding 12 months that constitute a legal or equitable interest exceeding \$5,000 or five percent of total ownership, whichever is less, which actually or potentially influences or conflicts with any of your research at the University. Ownership of intellectual property, e.g., patents, royalties, and copyrights, is also included and must be disclosed. If you or member(s) of your household own more than five percent of the total ownership of a business, you must disclose the percentage held.

**Please insert additional pages as necessary to complete this section.**

If you have nothing to report in this section, initial here. Enter Initials.

Business Name and Address:      Enter name and address.

Type of Business:                      Enter business type.

Description of Interest:              Enter description.

Held by (you/spouse/other)      Enter Name.

% Interest held:                      Enter %.

Salem State University<sup>1</sup>  
Disclosure of Significant Financial Interest

A separate form is required for each entity which represents a significant financial interest. This information must be updated annually or when reportable significant financial interest occurs.

Investigator  
Name

Enter First Name.

Enter Last Name.

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Investigator  
College and  
Department

Enter College Name.

Enter Department Name.

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EITHER: I have no significant financial interest

OR: I am reporting significant financial interest below (please check box and provide information)

**Remuneration amount:** [Click here to enter amount.](#)    **Source:** [Click here to enter text.](#)

**Type of Organization** (e.g., pharmaceutical firm; biotech firm; engineering company; software company, etc.)  
[Click here to enter text.](#)

**Nature and amount of Remuneration that is greater than \$10,000:** [Click here to enter text.](#)

**Salary:** [Click here to enter text.](#)

**Royalties:** [Click here to enter text.](#)

**Licensing:** [Click here to enter text.](#)

**Consulting:** [Click here to enter text.](#)

**Honoraria:** [Click here to enter text.](#)

**Other:** [Click here to enter text.](#)

**Types of holdings whose fair market value is greater than \$10,000 or more than 5% of ownership interest:**

**Stocks/Stock Options:** [Click here to enter text.](#)

**Patents/Copyrights:** [Click here to enter text.](#)

**Other:** [Click here to enter text.](#)

**Investigator's Signature:** First Name.                      Last Name.

**Date:** [Click here to enter a date.](#)

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<sup>1</sup>Adapted from the Bridgewater State University Disclosure of Significant Financial Interest