Non-governmental (Contract, Grant, Gift, MTA, Clinical Trial etc. Federal (NSF)

San Diego State University
Addendum to Financial Interest Disclosure Statement (Federal or 700U)

Return to Research Support Services (rss@sdsu.edu), MC 1933

You have filed a financial interest disclosure statement (Federal or 700U) in which you acknowledged having a financial interest in the research activity referenced. University policy requires that a review committee, consisting of members appointed by the President with the recommendation of the University Research Council, conduct a substantive review of the research project and evaluate the disclosure and information requested through this amendment to assess whether a conflict of interest exists, and to determine what, if any, conditions or restrictions should be imposed on the investigator or research protocol in order to manage, reduce or eliminate such conflicts of interest. The information may, under the California Public Records Act, be released to sponsoring agency personnel or members of the public. Please read the questions carefully, be specific, and provide full information to avoid delay. PLEASE TYPE OR PRINT LEGIBLY.

NOTE: One form is required for each Entity in which you have a financial interest.

Last Name: First Name: M. I.

Name of the PI/Researcher Making Disclosure

Department: Mailcode: Phone:

Principal Investigator's Name (if different from researcher making disclosure):

Last Name: First Name: M. I.

Proposal Title:

Provide the following information about the related Entity in which you have a financial interest

1. Name of Entity: Type of business:

Address: City: State: Zip:

I. DESCRIPTION OF FINANCIAL INTERESTS

A. Management

1. Do you, your spouse or a dependent child(ren) hold a position of management or employment with this Entity?

○ No ○ Yes

If yes, please specify:

Director Partner Member, Board of Directors Member, Scientific Advisory Board

Employee Trustee Officer Other (please specify):

2. Describe the responsibilities of your position(s) with the sponsor and how it relates to the project funded by the sponsor. (*Use a separate page if necessary.)*

B. Income

1. Excluding gifts, contracts or grants administered by the SDSURF, have you, your spouse/domestic partner or dependent child(ren) received income from the Entity in the past 12 months?

◯ No ◯ Yes

$500 - $9,999	$20,001 - $50,000
$10,000 - $20,000	Above $50,000

If yes, what is the nature of the income?

Consulting	Honoraria	Payment in Kind
Per Diem	Salary	Other:

2. Do you have a loan arrangement with the Entity?

◯ No ◯ Yes (*if yes, please provide the amount of the loan and explain arrangements)*

C. Equity

1. Do you, your spouse or dependent child(ren) hold an equity interest in this Entity?

◯ No ◯ Yes

If yes, please answer questions 2, 3 and 4

2. Please indicate the percentage of equity:

3. What is the nature of this equity interest?

Bonds	Stocks - Stock Options
Convertible Security	Other:

4. What is the value of this equity interest?

less than $2,000	$100,001 - $1,000,000
$2,000 - $9,999	above $1,000,000
$10,000 - $100,000	

Note: If the stock is not publicly traded, please provide an internal estimate of value:

D. Consulting

1. Are you a consultant with this Entity?

◯ No ◯ Yes

If yes, please answer questions 2, 3 and 4

2. Do you have a written consulting agreement? (non-University agreement)

◯ No ◯ *Yes (if yes, please provide a copy, which will be returned to you.)*

3. Please describe **in detail** the frequency and nature of your consulting activities and how the consulting is separate from your research *(please attach another sheet*)

4. Will the terms of your consulting in any way restrict the release of information or other dissemination of research results by faculty/ researchers involved in the project?

◯ No ◯ Yes (*if yes, please explain)*

II. RELATIONSHIP WITH ENTITY

A. Direct and Significant Impact on Financial Interests

1. Is Entity a subcontractor, consortium member, supplier of goods, lessor or otherwise involved with the project?

◯ No ◯ Yes, (if yes, please explain involvement)

2. Does the Entity manufacture or commercialize any device, vaccine, procedure, drug or any product associated with this research?

◯ No ◯ Yes (*if yes, please explain)*

3. Will the project purchase/lease any device/material from the Entity?

◯ No ◯ Yes (*if yes, please provide name & approximate cost)*

4. Is it reasonable to anticipate that the Entity will or could be directly and significantly affected by the design, conduct or reporting of the research activity?

◯ No ◯ Yes (*if yes, please explain)*

5. If the Entity is a non-profit foundation, please respond to the following:

a. If the sponsoring foundation is primarily a vehicle for one or two companies or a closely cooperating group of businesses, please identify these firms:

b. Do you have a financial interest in the company(ies) that is (are) providing funds to this non-profit foundation?

◯ No ◯ Yes (*if yes, please explain the relationship of this (ese) company(ies) in regard to your research)*

B. Separation of University and Outside Interests

1. How are you keeping your interests and obligations to the Entity separate from your University activity? Attach sheets as needed.

2. Were you part of a formal committee/body that made the decision which led to the award?

◯ No (*If no, and you were present when the decision made, please provide either a written statement or a copy of the meeting minutes.)*

◯ Yes (*if yes, please explain)*

3. **Please attach a brief description (statement of work or abstract) of the research. If the project involves testing of any drugs or devices or the development of a product, please describe in detail.**

4. Is the Entity providing any proprietary data, materials or equipment?

◯ No ◯ Yes (*if yes, please explain what control on access to the research will be necessary)*

5. Does the Entity participate in deciding the direction of the research?

◯ No ◯ Yes (*if yes, what role will the Entity play?)*

C. Openness of Teaching and Research Environment

1. Are any undergraduate, graduate or postdoctoral students involved in the project?

◯ No ◯ Yes, *(if yes, please list how many and in what capacity)*

2. Are there any constraints or restrictions imposed on the reporting of student work?

◯ No ◯ Yes (*if yes, please explain)*

3. Are you the advisor to any of these students?

◯ No ◯ Yes (*if yes, please explain)*

D. Use of University Resources and Facilities

1. (***For nongovernmental sponsored projects*****)** Is the Entity supporting full direct and indirect costs of this project? (*If a gift, please indicate "Not Applicable.")*

   ◯ No ◯ Yes ◯ Not Applicable

2. Please list any other Entity funding this research and the amount of support. Also, please identify any University funds that will be supplementing the project.

3. Will the research be conducted in the Entity's facilities?

   ◯ No ◯ Yes (*if yes, how many hours per week will be spent in the Entity's facilities?)*

4. Will any of the Entity's personnel work on the research?

   ◯ No ◯ Yes (*if yes, in what capacity?)*

E. Licensing

1. **(For nongovernmental sponsored projects)** Will the contract, grant or gift that will fund this research require the granting of an exclusive license or option to the Entity?

   ◯ No ◯ Yes, and it is documented in a SDSU research agreement or clinical trial agreement.

   ◯ Yes, (*If yes, please explain)*

2. Does the Entity hold rights to a pending application or issued patent to an invention(s), license rights or software copyright for you, your spouse or dependent child(ren)?

   ◯ No ◯ Yes, but the license is assigned from the University.

   ◯ Yes, and the application, patent, license or copyright is NOT assigned from the University.

F. Protection of Human and Animal Subjects

1. Does this project involve:

Human Subjects	◯ No	◯ Yes
Animal Subjects	◯ No	◯ Yes
Bio. Hazards	◯ No	◯ Yes

   If yes, please indicate protocol number:

2. Are you involved in recruiting and/or obtaining consent of human subjects to participate in this study?

   ◯ No ◯ Yes

3. Will the Entity provide a drug, device, vaccine or procedure for use in the protocol?

◯ No ◯ Yes

4. Are you the inventor of any drug, device, vaccine or procedure associated with this protocol?

◯ No ◯ Yes (*if yes, what is the name of the drug, device, vaccine or procedure?)*

Verification

I certify under penalty of perjury that this is a complete disclosure of all financial interests related to the specified project. I have used all reasonable diligence in preparing this addendum to the financial interest disclosure statement (Federal or 700U) and to the best of my knowledge it is true and complete.

Signature:
(Print form and sign or digital signature ok)

Date:

Non-affiliated Investigators: Will investigators be involved with the PI or Co-PI in the design, conduct or reporting of the activities associated with the project (e.g., subcontractors, consultants, others with significant responsibilities) who are NOT affiliated with SDSU?

◯ **No** ◯ **Yes**

If yes, provide an assurance from the non-affiliated investigator home institution verifying compliance with the funding agency's regulations. Such assurance should be provided along with the participant's letter of commitment to the project.

NOTE: The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply this information about themselves:

The principal purpose for requesting this information is to accomplish the independent and substantive review of positive financial disclosures as required by the federal and state requirements. Disclosures will be maintained by Division of Research and Innovation - Research Support Services. Failure to submit this information could jeopardize the acceptance of your award from the proposed sponsor and result in state enforcement proceedings against you as well as University sanctions. The information is a public record under University policy and State law.

INSTRUCTIONS: COMPLETE ONE FORM FOR EACH ENTITY IN WHICH YOU HAVE DISCLOSED A FINANCIAL INTEREST. SEND YOUR COMPLETED FORM VIA EMAIL TO: RSS@sdsu.edu

RESEARCH SUPPORT SERVICES
DIVISION OF RESEARCH AND INNOVATION
MAIL CODE 1933

Disposition Schedule: Records will be disposed of in accordance with applicable regulations governing this activity.

San Diego State University - Financial Interest Disclosure Addendum
UCSD Conflict of Interest Office's disclosure addendum was modified for use by SDSU.