PHS Significant Financial Interest Disclosure Form

Name of Investigator	
Title	Campus
Department	
Project(s) / Proposal(s)	

1. List the names of all **publicly traded entities** from which you or a Related Party[1] receive remuneration[2] or in which you or a Related Party hold an equity interest[3]. Report only those entities from which the aggregate of remuneration received in the preceeding 12 months and the current value of equity interests exceeds $5,000.

Name (self/Related Party	Relationship	Entity	Nature	Amount

2. List the names of all **non-publicly traded entities** from which you or a Related Party receive remuneration. Report only those entities from which remunerations received over the preceeding 12 months exceed $5,000.

Name (self/Related Party)	Relationship	Entity	Nature

[1] A Related Party is your spouse or dependent child.
[2] Remunerations include, salaries, consulting fees, honoraria, or paid authorship.
[3] Equity interests include, stock, stock options, or other ownership interests.

3. List the names of all non-publicly traded companies in which you or a Related Party hold an equity interest.

Name (self/Related Party)	Relationship	Entity	Nature

4. List and describe intellectual property rights or interests (e.g., patents, copyrights) held by you or a Related Party, royalties from such rights, and/or agreements to share in royalties related to such rights. Do not include intellectual property rights assigned to SUNY or the Research Foundation, or agreements to share in royalties related to such rights.

Name (self/Related Party)	Relationship	Nature	Income Received (Y/N)

5. List and describe any reimbursed or sponsored[4] travel related to your institutional responsibilities. You do <u>not</u> need to disclose travel that was reimbursed or sponsored by a federal, state, or local government agency, an Institution of higher education[5], an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

Date	Purpose of Trip	Sponsor/ Organizer	Destination	Duration	Estimated Amount

[4] That which is paid on your behalf but not reimbursed whether you know the exact monetary value.
[5] *See* definition in 20 U.S.C. § 1001(a). The definition includes SUNY Campuses.

6. If you believe the interests indicated above are not related to your institutional responsibilities, explain the reasons for your belief.

7. Describe whether, and how, the financial interests described in items 2-5 above may be affected by the Project or is an interest in an entity whose financial interest could be affected by the Project.

For all of the above, please use additional pages if necessary.

By signing below, Investigator (1) certifies that this form provides an accurate report of the Investigator's t Significant Financial Interests, and (2) acknowledges responsibility to provide a complete disclosure of all Significant Financial Interests prior to PHS award receipt, as those interests change, and on an annual basis during the project award period.

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Investigator Date