



Conflict of Interest Form

Disclosure of Significant Financial Interests and Obligations

As part of its commitment to promoting objectivity in research and in compliance with federal regulations on conflict of interest, Siloam Biosciences requires that the investigator(s) submit a disclosure form with any NIH proposal to ensure that the design, conduct and reporting of sponsored program activity will not be biased by the significant financial interests or obligations of any investigator. Investigators who are required to file include: Principal Investigators, Co-Principal Investigators, project directors, and any individuals who are in a significant decision-making role or who have or will have signature authority for a grant account. Each investigator with significant decision making or signature authority for a contract must submit a disclosure of Significant Financial Interests and Obligations with each proposal. In addition, a revised Disclosure must be filed whenever an investigator or others identified above have a material change in significant financial interests and obligations.

The Disclosure of Significant Financial Interests and Obligations is a two-part form. All investigators in the categories identified above must complete Part I. If answers to Part I indicate that there may be a real or apparent conflict of interest, Part II must be completed and filed. The submission of this annual Disclosure satisfies the requirements of the Department of Health and Human Services (PHS) and the National Science Foundation (NSF).

The information contained on this Disclosure will be kept in the Employee's file and as part of the proposal and award records. Should a conflict of interest be identified, the review and subsequent recommendation for management of the conflict will be conducted by the Vice President and President.



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Part I

Siloam Biosciences investigator(s) seeking NIH sponsored funding are required to complete this form before a proposal can be submitted.

Specific Instructions: Place a check in the appropriate column for each question. Once every question is answered, the investigator must certify the information by signing the bottom of the form.

Investigator Name: _____

Table with 3 columns: Questions, Yes, No. Contains three questions about management positions, financial interests, and potential impacts of the program activity.

1 Defined as a spouse, domestic partner, ancestors, children, siblings (whole or half), grandchildren, great-grandchildren, including any of these in a step-relationship, and spouses or domestic partners of any of the above.

If you answered "No" to ALL of the questions above, your Disclosure is complete; you do not have to submit Part II. If you answered "YES" to ANY question above, please complete a separate Part II for every outside organization with which you have the relationship(s) indicated above.

Investigator Certification:

- I have read and understood the Disclosure of Significant Financial Interests and Obligations.
I agree to file a new or updated Disclosure of Significant Financial Interests and Obligations form if answers to any of the above questions change.

I certify that the answers to the declaration are accurate and truthful to the best of my knowledge.

Signature: _____

Date: _____



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Part II

Complete Part II only if you answered, "YES" to at least one of the questions in Part I.

Attach one Part II form for each organization or individual with whom you have the relationship(s) indicated in Part I.

Investigator Name: _____

Number of Part II forms submitted: _____, of which, this is number: _____

1. Name of organization/individual: _____

2. Financial relationship(s) with the organization/individual (check all that apply):

- Consultant
Equity Interest
Recipient of Royalties
Employee
Recipient of Honoraria
Other (Describe): _____

3. The financial relationship is between the organization/individual and (check all that apply):

- Self
Family Member

4. Have you received in the last twelve (12) months, or do you expect to receive in the next twelve (12) months, payments for salary, director's fees, consulting, honoraria, royalties, or any other payments that when aggregated with payments from this organization to your spouse, domestic partner, and/or dependent child(ren) will exceed \$5,000?

YES [] NO []

5. Have you had in the last twelve (12) months or do you anticipate having in the next twelve (12) months, stock, stock options, or other equity interests in the organization which, when aggregated with those of your family member in this organization, have a fair market value exceeding \$5,000 or represent an ownership interest of 5% or more?

YES [] NO []

6. What relationship, if any, is there between the business or activities of the organization and your current or planned areas of research?