

# Research Financial Conflict of Interest Disclosure Report

(submitted pursuant to the requirements of the Salus University  
Financial Conflict of Interest Related to Research policy)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

I am reporting on activities:  for the 12 months preceding \_\_\_\_\_  
 as an addendum to my most recent report

<input type="checkbox"/> yes	<input type="checkbox"/> no	1. Have you, your spouse, or dependent children received compensation – monetary or otherwise - from a <b>publicly-traded entity</b> that might reasonably appear to be related to your institutional responsibilities? Compensation includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value. If yes, furnish information on an additional page.
<input type="checkbox"/> yes	<input type="checkbox"/> no	2. Have you, your spouse, or dependent children received compensation from or held any equity interest (e.g., stock, stock option, or other ownership interest) in a <b>privately-held entity</b> that might reasonably appear to be related to your institutional responsibilities? If yes, furnish information on an additional page.
<input type="checkbox"/> yes	<input type="checkbox"/> no	3. Do you, your spouse, or dependent children serve as a director, trustee, officer or other key employee in a for-profit corporation, partnership, business, or other entity outside of Salus University engaged in commercial or research activities directly related to your Salus responsibilities? If yes, furnish information on an additional page.
<input type="checkbox"/> yes	<input type="checkbox"/> no	4. Do you, your spouse, or dependent children receive income related to any interests or rights in <b>intellectual property</b> related to your institutional responsibilities at Salus University? (Do not include intellectual property owned or managed by Salus University.) If yes, furnish information on an additional page.
<input type="checkbox"/> yes	<input type="checkbox"/> no	5. Have you undertaken any <b>travel</b> related to your institutional responsibilities that was either reimbursed or paid for by any individual or entity other than a federal, state or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education?

Research Personnel Assurance

- I have read and agree to abide by the Salus University’s Financial Conflict of Interest Related to Research Policy.
- I certify that the above information is complete and true to the best of my knowledge.
- I agree to update this disclosure on an annual basis.

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- I acknowledge that I am responsible for submitting updates to this information within 30 days of any change in this disclosure including any newly acquired or discovered financial interest.
- I agree to cooperate in the development of a Conflict Management Plan, if determined necessary by the University.
- I agree to comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate actual or potential conflicts of interest.

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Signature

Date

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additional page(s) attached

Addition to Financial Interests Report of: \_\_\_\_\_

Reporting for:  self      Name: \_\_\_\_\_  
 Family member      Relationship: \_\_\_\_\_

Name of External Entity: \_\_\_\_\_

Address of External Entity: \_\_\_\_\_

TYPE OF EXTERNAL RELATIONSHIP (Check all that apply)	VALUE (DOLLAR AMOUNT)
<input type="checkbox"/> Consulting fees	
<input type="checkbox"/> Honoraria	
<input type="checkbox"/> Lecture fees	
<input type="checkbox"/> Paid authorship	
<input type="checkbox"/> Other payment for employment or services	
<input type="checkbox"/> Stock, Stock options (Number of Shares: _____)	
<input type="checkbox"/> Other ownership rights	
<input type="checkbox"/> Patents or Patent Applications	
<input type="checkbox"/> Copyrights	
<input type="checkbox"/> Royalties	
<input type="checkbox"/> Licensing and other agreements	
<input type="checkbox"/> Contracts	
<input type="checkbox"/> Corporate Officer	
<input type="checkbox"/> Board of Directors or Trustees	
<input type="checkbox"/> Advisory Board	
<input type="checkbox"/> Other (Describe below)	

Travel paid or reimbursed by entity	Value (dollar amount):
Purpose:	
Destination :	
Duration:	

Comments or explanatory information: