

Louisiana Tech University Significant Financial Interest Disclosure Form

*This form is presently required only if you have financial interests to disclose.

Faculty/Staff Name _____ Dept _____

Sponsoring Agency _____ Proposal # _____

Proposal Title _____

I am disclosing all significant financial interests in the sponsoring entity that may present an actual or potential conflict of interest in the event that I become engaged in research in a project sponsored by that entity. I enclose supporting documentation that identifies the business or entity involved and the nature and amount of the interest in a sealed envelope marked "Confidential". These records will be retained by the Office of University Research until three (3) years after the termination or completion of the award to which they relate or the resolution of any government action involving those records.

Check all of the following that apply:

- _____ Salary or other payments for services (e.g., consulting fees or honoraria),
- _____ Equity interests (e.g., stocks, stock options, or other ownership interests), and
- _____ Intellectual property rights (e.g., patents, copyrights, and royalties from such rights).
- _____ Other significant financial interests of the investigator or his/her family that could affect or be perceived to affect the results of the research or educational activities proposed for funding.

** Significant financial interest is defined as an equity interest that, when aggregated for the investigator and the investigator's spouse and dependent children, meets the following criteria:

- Exceeds \$10,000.00 in value as determined through reference to public prices or other reasonable measures of fair market value or
- Constitutes more than a five (5) per cent ownership interest in any single entity.

Further, I agree:

- ? To update this disclosure during the period of this award.
- ? To cooperate in the development of a Conflict of Interest Resolution Plan.
- ? To comply with the conditions of the plan to manage, reduce or eliminate actual or potential conflicts of interest.
- ? If an agreement cannot be reached, I understand that the University may disclose the conflict of interest to the sponsor, or at its option, decline the award.

I certify that I have disclosed all aspects of any financial interests which could reasonably be expected to influence the Conflict of Interest Review Committee's decisions.

Signed _____ Date _____

University Use Only

I have reviewed this Disclosure:

- a) _____ I do not consider a Conflict of Interest exists.
- b) _____ A Conflict of Interest appears to exist: referred to CIRC.

By _____ Signature _____ Date _____

