

Name (Last, First):

Dartmouth Principal Investigator:

Company/Institution

Email

This form should be used by individuals who are responsible for the design, conduct, or reporting of a research project with PHS funding (or for which PHS funding is being proposed) but who are not members of the Dartmouth/Dartmouth-Hitchcock community.

Please send completed first page/form 1 to: **Dartmouth grants contact* or sponsored.projects@dartmouth.edu**

As a possible PHS funded Investigator, you will need to disclose management positions/significant financial interests related to any of your Institutional Responsibilities. For this purpose, your "Institutional Responsibilities" are activities done within the scope of your engagement with Dartmouth/Dartmouth-Hitchcock, which may include research, research consultation, teaching, professional practice, institutional committee memberships, and/or service on panels such as IRBs or DSMBs.

If you indicate Yes to either question below, you will be asked to complete pages 2 and 3. Do not submit pages 2 and 3 at this time. These forms will be submitted to **henrike.frowein@dartmouth.edu**.

REMINDER: You must update your disclosure within 30 days of acquiring a new Significant Financial Interest.

Question 1:

MANAGEMENT POSITION:

Have you (or your spouse, domestic partner, or dependent children) been a director, officer, partner, employee or agent of, or held any position of management with any entity related to your Institutional Responsibilities in the past 12 months, or expect to hold such a position in the next 12 months?

- Yes
- No

If yes, describe the position:

INCLUDE, e.g.:

- Position with a start-up or other company related to your Institutional Responsibilities.
- Position with the sponsor (for profit or non-profit) of any of your research (e.g., a position with the Dept. of Veterans Affairs when the Dept. of Veterans Affairs is also sponsoring your research).

DO NOT INCLUDE:

- Positions or *appointments* with Dartmouth/Dartmouth-Hitchcock.
- Service on advisory committees/review panels for governmental or non-profit entities (e.g. NSF review panels, NIH study sections, or similar review-related activity).

Question 2:

SIGNIFICANT FINANCIAL INTEREST:

Have you (or your spouse, domestic partner, or dependent children) had a Significant Financial Interest that would reasonably appear to affect or be affected by your Institutional Responsibilities in the past 12 months, or expect to in the next 12 months?

- Yes
- No

IF YES, please fill out the attached questionnaire(s) for each entity in which you have a financial interest and then sign and date below.

IF NO, please sign and date below.

Significant Financial Interests INCLUDE:

- **Income** (e.g., individual consulting fees, royalties, honoraria, paid authorship) if > \$5000 in the past 12 months or > \$5000 expected in the next 12 months.
- **Equity interests** (investments, stock, debt)
 - i. of any value in a privately held company or,
 - ii. if in a public company, worth > \$5000 alone or in combination with income from the same company.
- **Intellectual Property** such as inventions, patents/copyrights or rights to receive royalties.
- **Travel** sponsored or reimbursed by an outside entity if travel expenses >\$5,000 received from the same entity in the last 12 months/anticipated in the next 12 months.
- **Other circumstances not specifically described which may create an actual or perceived conflict of interest.**

Significant Financial Interests DO NOT INCLUDE:

- Salary from or which is paid to you through a grant held at Dartmouth/Dartmouth-Hitchcock.
- Income from mutual funds/retirement accounts where the holder does not directly control investment decisions.
- Copyrights in books, primary literature (e.g., journal articles) or presentations for which more than \$5000 in income has not been received in the past 12 months/is not expected in the next 12 months.
- Income from seminars, lectures, or teaching engagements, or from service on advisory committees/review panels sponsored by a (1) a federal, state, or local government agency, or (2) a U.S. based institution of higher education, or affiliated academic teaching hospital, medical center, or research institute.

I acknowledge and agree that in connection with my Institutional Responsibilities I will be subject to the Dartmouth College Conflict of Interest Policy, and certify that the information included in this Disclosure Form is true and correct as of the date first listed above.

Signature: _____

***Submit Part 1 only to either sponsored.projects@dartmouth.edu or the administrative contact designated for your project.**

Name (Last, First):

Questionnaire 1 of

Significant Financial Interest Questionnaire

Please complete one questionnaire for each Financial Entity in which you have a Significant Financial Interest related to your Institutional Responsibilities.

Financial Entity in which Significant Financial Interest is held:

Indicate which Institutional Responsibilities the Significant Financial Interest is related to (select all that apply):

- Research
- Academic Administration
- Teaching
- Professional Practice
- Consulting to third parties on behalf of your institution
- Committee memberships (e.g. IRB or Data and Safety Monitoring Board)
- Other:

1. MANAGEMENT POSITION: Have you, your spouse, domestic partner or dependent children been a director, officer, partner, employee, or agent of, or held any position of management with the Financial Entity listed above in the past 12 months, or expect to hold such a position in the next 12 months?

- Yes
- No

If yes, specify position:

2. INCOME: Have you, your spouse, domestic partner, and/or dependent children received \$5,000 or more in combined income (e.g. consulting fees, royalties, honoraria, paid authorship) from the Financial Entity listed above in the past 12 months?

- Yes
- No

If yes, specify amount and nature of income:

3. ANTICIPATED INCOME: Do you, your spouse, domestic partner, and/or dependent children anticipate receiving \$5,000 or more in combined income in the next 12 months from the Financial Entity listed above?

- Yes
- No

If yes, specify amount and nature of income:

4. EQUITY INTERESTS:

IF privately held entity: Do you, your spouse, domestic partner and/or dependent children have any investments or hold any equity (ownership interest, stock or stock options, ownership of debt) in the above Financial Entity?

- Yes
- No

If yes, specify amount and nature of interest:

IF publicly traded entity: Do you, your spouse, domestic partner and/or dependent children have investments or hold equity (ownership interest, stock or stock options, ownership of debt) in the above Financial Entity that is worth over \$5000 alone o this Financial Entity (Nos. 2 or 3 above)?

- Yes
 No

If yes, specify amount and nature of interest:

5. INTELLECTUAL PROPERTY: Within the preceding 12 months did the Financial Entity listed above own or hold any rights to any inventions, patent/copyright applications, or issued patents/ copyrights developed by you, your spouse, domestic partner or dependent children? Do not include copyrights in books, primary literature (e.g. journal articles) or presentations for which > \$5000 in income has not been received in the past 12 months/is not expected in the next 12 months.

- Yes
 No

If yes, indicate who has the rights and if income is received or expected, indicate amount.

6. CONTRACTOR/COLLABORATOR: Is the entity listed above a sub-recipient, subcontractor or vendor?

- Yes
 No

If yes, provide further information.

7. OUTSIDE EMPLOYMENT OF STUDENTS AND STAFF: Are Dartmouth/Dartmouth-Hitchcock research team members, including faculty, students or staff, also employed by the Financial Entity listed above? Do not include funding awarded by this Financial Entity to Dartmouth/Dartmouth-Hitchcock to support individuals' salaries.

- Yes
 No

If yes, provide further information:

8. TRAVEL: Have you received sponsored or reimbursed travel expenses from the entity listed above in excess of \$5,000 over the last 12 months, or do you anticipate more than \$5,000 of sponsored or reimbursed travel from this entity over the next 12 months?

- Yes
 No

If yes, provide further information:

9. OTHER: Are there any circumstances not identified above that you believe may create an actual or perceived conflict?

- Yes
 No

If yes, provide further information: