

Financial Interest Form: Screening Questions

If PHS or non-PHS federal financial disclosure is required by the sponsor, fill out the appropriate sections on this form.

THIS SUBMITTAL is for a: New Disclosure Annual Reporting/Non-Competing Continuation
 Renewal/Competing Continuation Supplement Which Includes Time Extension
 No-Cost Time Extension Updated Disclosure Addition of Investigator Change in PI

Principal Investigator Name: _____ Email: _____

Academic Department: _____

Project Title: _____

Agency Name: _____

Phoebe Proposal Number (if New Disclosure): _____

Agency Award Number (if other Disclosure): _____

Next: Fill out and sign the appropriate section on this form:

- **PHS Financial Interest Screening Questions section**
- or -
- **Non-PHS Financial Interest Screening Questions section (page 2)**

PHS Financial Interest Screening Questions

Explanation: This form must be completed for Public Health Service (PHS) or any agency or organization that have adopted PHS disclosure requirements (e.g., American Cancer Society, American Heart Association)

The PI is responsible for answering "Yes" or "No" the following question on behalf of all Scientific Analysis Corporation personnel (including the PI) who meet the definition of an investigator and are involved in the proposed project.

Do you, your spouse, your registered domestic partner and/or your dependent child(ren) have any of the following financial interests related to your institutional responsibilities?

- Receipt of income or other payment for services over the past 12 months from and/or equity interest(s) in a publicly traded entity totaling more than \$5,000
- Receipt of income or other payment for services over the past 12 months from a non-publicly traded entity totaling more than \$5,000
- Any equity interest(s) in a non-publicly traded entity, regardless of value
- Receipt of payments for any intellectual property rights and interests (e.g., from patents, copyrights assigned to any entity other than the Regents) totaling more than \$5,000
- Reimbursed or sponsored travel that exceeds \$5,000 per entity (excluding U.S. governmental agencies or U.S. institution of higher education)

Did any Scientific Analysis Corporation investigator involved in this proposed project (including the PI) answer "Yes" to the above question?

- No**
- Yes:** If "yes", list the names of the individuals in the box below:

Attach additional sheets as required.

Certification by Principal Investigator

I certify that this is a complete disclosure of all financial interests related to this submission or transaction.

Signature: _____

Date: _____

Financial Interest Form: Screening Questions

Non-PHS Financial Interest Screening Questions

Explanation: This form must be completed for the National Science Foundation (NSF), other non-PHS federal agencies with conflict of interest requirements, or any other entity that has adopted the NSF requirements (e.g., UCOP Research Programs, the California Institute for Regenerative Medicine).

The PI is responsible for answering “Yes” or “No” the following question on behalf of all Scientific Analysis Corporation personnel (including the PI) who meet the definition of an investigator and are involved in the proposed project?

Do you, your spouse, your registered domestic partner, and/or your dependent child(ren) have any of the following interests that (i) would reasonably appear to be affected by the research for which funding is sought, or (ii) are in the sponsor of the research, or (iii) are in entities whose financial interests would reasonably be affected by the research?

- Receipt of income or payment for services over the past 12 months from any single business entity exceeding \$10,000
- Any equity interest exceeding 5% ownership or \$10,000
- Any intellectual property interest assigned or to be assigned to other than the Regents

Did any Scientific Analysis Corporation investigator involved in this proposed project (including the PI) answer “Yes” to the above question?

No

Yes: *If “yes”, list the names of the individuals in the box below:*

Attach additional sheets as required.

Certification by Principal Investigator

I certify that this is a complete disclosure of all financial interests related to this submission or transaction.

Signature: _____

Date: _____

The information provided herein may be released or transmitted to the sponsor, including federal agency representatives, and according to the California Public Records Act, may also be released to the public, upon request. These records will be retained for 3 years after termination of the grantor until resolution of any action by the sponsor, whichever is greater. The Office of Record is the Scientific Analysis Corporation Administrative office.