

Annual Disclosure Form for HSL Investigators, Research Staff and HMS Appointees

All HSL staff must follow the [HSL Policy on Financial Conflicts of Interest in Sponsored Research](#), and faculty with HMS appointments must additionally follow the [HMS Policy on Conflicts of Interest and Commitment](#). Both the HSL and HMS policies require reporting of any type of financial relationship that the staff member or members of the staff member's family have with external entities. HSL Investigators, Research Staff members, and Hebrew SeniorLife (HSL) staff members who hold Harvard Medical School (HMS) appointments (e.g. faculty and teaching, such as: Professor, Associate Professor, Assistant Professor, Instructor, Senior Lecturer, Lecturer) must report outside financial interests and commitments. Some examples of the type of relationships you should disclose include:

- The receipt of any salary from an entity other than HSL;
- The receipt from any entity of consulting fees or other payments for services that you provided;
- Your ownership of any equity (e.g., stock, stock options or other ownership interest) in an external entity (*for purposes of this example, you would not need to disclose any investments held through mutual funds, pensions, or other institutional investment funds, unless you direct or control investments in specific stocks*);
- The receipt of honoraria or other payment for commissioned papers, lectures, or teaching engagements [*for purposes of this example, you would not need to disclose any payments from federal, state, or local government agencies, institutions of higher education (or the research institutes affiliated with them), academic teaching hospitals, or medical centers*];
- Payment to you (reimbursed) or on your behalf (sponsored) by an entity for travel expenses;
- The receipt from an external entity of income related to intellectual property rights; for example, if you are paid royalty income, milestone payments, licensing fees, etc. on a technology that is licensed to an external entity (*for purposes of this example, you would not need to disclose intellectual property rights assigned to HSL and paid to you through institutional royalty sharing arrangements*); and
- Any other type of financial arrangement or interest with an entity external to HSL.
- Any Foreign Support (whether in kind or monetary)¹

The information you are asked to disclose is for the prior 12 months (i.e., it is income or equity that you have already received or already possess, not what you might expect to receive in the future). However, HSL staff members have an obligation to update this disclosure within 30 days in the event that they discover or acquire a new financial interest.

HSL and HMS Conflict of Interest-Disclosure Portfolio

Directions: Complete this form to disclose any financial interest or relationships that you have or a member of your Family has with any legal entity organized for profit or non profit. "Family" means your spouse/domestic partner or your dependent children. *Please complete a separate form for each entity this applies to.* In other words, if you received consulting income from Company A, also have equity in Company A, have equity in Company B, and received licensing income from Company C, you should complete THREE forms: the first would disclose the amount of consulting income and equity from Company A on the same form; the second would disclose the amount of equity in Company B; and the third would disclose the amount of intellectual property income received from Company C.

1.Foreign and domestic non monetary/in kind support and activities , per NIH policy, must be listed in other support pages per NOT-OD-19-114 found here <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-19-114.html>

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1. Name of HSL Staff Member: _____ Date: _____
2. Harvard University ID Number (if applicable): _____
3. Do you or a family member (spouse/domestic partner, dependent child) have a financial interest to disclose under the Policy? No, please sign & date the form Yes, please complete the form in its entirety
4. Individual with financial relationship to Entity (mark all that apply):
 Self Spouse/Domestic Partner Dependent Child
5. Entity name: _____
6. Type of Entity: For Profit Non-Profit Don't know
7. Is Entity publicly traded? No Yes Don't know
8. Is the Entity a US or Foreign Entity: US Foreign, if foreign specify the country: _____
9. Date the financial relationship started with Entity: _____
10. Has the financial relationship with Entity ended? No Yes; if yes, *when: _____
*(*if greater than 12 months ago, disclosure is not required)*
11. Acquisition of the Equity: Inherited Purchased Compensation for Services* Other; if other, describe:

 - a. *If acquired for services provided, are the services ongoing? No Yes; if yes, what is the nature of the services being provided (e.g. consultant, advisory board, etc.): _____
 - b. *Specify how many hours per month are spent on this activity: _____
12. Total remuneration for the previous 12 months: \$ _____
 - Income from licensed intellectual property (patent, copyright, trademark, royalties, etc.): _____
 - i. Received during the previous 12 months: \$ _____
 - ii. Received: Personally by HSL Other, describe: _____
 - iii. Post-market royalties: No Yes; if yes, is it derived from technology approved for marketing by the FDA or available in the general marketplace? No Yes
 - iv. Relationship of IP to named Entity: _____
 - Amount of ownership or stock (equity) in Entity: _____ % (indicate percentage)
 - i. Number of shares held (approx): _____
 - ii. Total value of shares held (approx): _____
 - Non-stock equity compensation (indicate whether shares, dollar amount, value, percentage, etc.): _____
 - Entity paid travel expenses, or reimbursed you personally for travel expense: If available, amount: \$ _____
 - Cash or In-kind payments: \$ _____
 - Has there been any additional remuneration to Investigator or Family not captured above? No Yes; if yes, describe the remuneration and indicate the value received: _____
 - To your knowledge, was the payment that you and/or your family received from this Entity made on behalf of another Entity? No Yes; if yes, name the other entity: _____

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13. Nature of financial Relationship with named Entity: please select all that apply

- Consultant/Committee Member/review panel, editor, or other paid services
- Executive (CEO, COO, CFO, President, VP, Scientific or Medical Director)
- Paid journal editor, associate editor, service on journal editorial or advisory board
- Member of Scientific Advisory Board
- Member of Board of Directors (a governing board)
- Employee
- Expert Witness Services
- Speaking, Teaching or Commissioned Paper
- Other

If you have checked one or more of the above boxes, specify your/family member role: _____

14. Does the Entity sponsor research in which you participate? No *Yes; if yes, at which institution:

15. Does the Entity own, license, market, or sell a product or technology that you research? No *Yes; if yes, specify: _____. If yes, indicate if the research requires IRB approval: No *Yes; if yes, provide the institution reviewing the research and the protocol number: _____

16. Please provide a summary of this interest, and any additional information that would be helpful in the review of this disclosure, including but not limited to if this activity has overlap with your existing research. If there is no overlap with current funded research, please state this clearly: (use additional pages as needed)

Signature: _____

Date: _____.

Name: _____

Position _____

Administrative Use Only:

- Interest related to Sponsored Research, requires RCIC review
- De minimis
- No FCOI – interest unrelated to Sponsored Research
- Not a Reviewable Interest
- Other – enter comments below

Comments: _____

Signature: _____

Date: _____.

Name: _____
