

Attachment A

Innovative BioTherapies – Financial Conflict of Interest Disclosure Form

Persons completing this form are expected to have read and understood the Innovative BioTherapies Financial Conflict of Interest Policy on Federal Grants and Contracts. If you have any questions regarding that policy contact a member of the Financial Conflict of Interest Committee prior to signing this document.

1. Are you or is any member of your Immediate Family, an employee, consultant, office, director, partner, trustee or any other agent of any commercial enterprise (other than IBT) participating in this project?

↑Yes↑No If yes, please describe on a separate page the nature and extent of your/their affiliation.

2. Do you, or does any member of you Immediate Family have any Significant Financial Interest, such as ownership, equity, stock or stock options, within any commercial enterprise (other than IBT) participating in this project?

↑Yes↑No If yes, please describe on a separate page the nature and extent of your/their affiliation.

3. Do any other conditions exist between you, or any member of your immediate family, and any commercial enterprise which could reasonable be perceived by and outside observer as a potential conflict of interest?

↑Yes↑No If yes, please describe on a separate page the nature and extent of your/their affiliation.

I certify that:

I have read Innovative BioTherapies Policy on Financial Conflict of Interest on Federal Grants and Contracts

I have made all required financial disclosures

(If the program leader, principal investigator or project director) I have made every effort to ensure that all Investigators (see policy for definition) responsible for the design, conduct or reporting of the research have submitted required disclosures

Signature _____ Date: _____

Typed/Printed name: _____

Disclosure Type:

Project Title: N/A

Project Sponsor: N/A

Special Notes (if any):

↑Initial

↑Annual

↑Project specific

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