

# STATEMENT OF ECONOMIC INTERESTS-SUPPLEMENTAL FORM

This Statement of Economic Interest- Supplemental Form is required when a Principal Investigator (PI), and/or Other Investigator (any person with responsibility for the design, conduct, and/or reporting of research) have made a positive disclosure of financial interest (answered "yes" to <u>any</u> question) on the Form 800 or 700-U Form. Please note that all disclosures are subject to release to the public. Completing these forms is required for <u>each</u> entity in which you have a financial interest, per project.

Please note that the Conflict of Interest Committee (COIC) will only accept **TYPED** Supplemental forms; handwritten forms will be returned to the PI/ Other Investigator for re-submission prior to COIC review. Failure to complete this form may delay review by the COIC. Any award (gift, contract, grant) cannot be processed until the COIC completes its review.

## Principal Investigator/ Other Investigator

| Last Name:      | First Name: |  |
|-----------------|-------------|--|
| Phone #:        | Email:      |  |
| Sponsor Name:   |             |  |
| Proposal Title: |             |  |
|                 |             |  |

Description of Financial Interests: If more space is required for explanations, please attach additional page(s).

| Manage        |               |  |  |                         |                          |                      |                             |
|---------------|---------------|--|--|-------------------------|--------------------------|----------------------|-----------------------------|
| 1.            |               | r spouse, registered<br>t contractor) with the |  | a dependent child(rei   | n) hold a position of ma | anagement or emplo   | yment (non-consulting, non- |
|               | No If no, pro | oceed to question 3.                           | Yes If yes,                                      | , please indicate the p | osition(s):              |                      |                             |
|               | Director      | Partner  | Member Board of D                                | Virectors               | Employee                 |                      |                             |
|               | Trustor       | Officer  | Member, Scientific                               | Advisory Board          | Other:                   |                      |                             |
| 2.            | Describe the  | e responsibilities of t                        | he position(s) with the                          | entity and how they     | relate to the project fu | nded by the entity.  |                             |
|               |               |  |  |                         |                          |                      |                             |
|               |               |  |  |                         |                          |                      |                             |
|               |               |  |  |                         |                          |                      |                             |
|               |               |  |  |                         |                          |                      |                             |
|               |               |  |  |                         |                          |                      |                             |
|               |               |  |  |                         |                          |                      |                             |
| Income:<br>3. | Excluding gi  |  | nts administered by Th<br>in the past 12 months? |                         | ı, your spouse, registe  | ered domestic partne | r, or dependent child(ren)  |
|               | No            | Yes Provide the                                | amount: \$                                       |                         |                          |                      |                             |
|               |               | lf yes, please inc                             | licate the nature(s) of th                       | e income:               |                          |                      |                             |
|               |               | Consulting                                     | Honoraria  | Payment in Kind         | Per Diem                 | Salary               |                             |
|               |               | Travel   | Other:   |                         |                          |                      |                             |
|               |               | (1) Location                                   |  |                         |                          |                      |                             |
|               |               | (2) Purpose                                    |  | _                       |                          |                      |                             |
|               |               | Other  | ory Investigator Meetin                          | g                       |                          |                      |                             |
| 4.            | Do you have   | e a loan arrangemer                            | at with the entity?                              |                         |                          |                      |                             |
|               | -             | -  |  |                         |                          |                      |                             |
|               | No            | Yes Provide the                                |  |                         |                          |                      |                             |
|               |               | Explain the arrar                              | ngements:  |                         |                          |                      |                             |
|               |               |  |  |                         |                          |                      |                             |
|               |               |  |  |                         |                          |                      |                             |



| E an site a    |   |
|----------------|---|
| Equity:<br>5.  | Do you, your spouse, domestic partner, or dependent child(ren) hold an equity interest in this entity?  |
|                | No If no, proceed to question 9. Yes If yes, answer questions 6-8.  |
| 6.             | Indicate the percentage of the equity: %  |
| 7.             | What is the nature of the equity interest?  |
|                | Bonds Stocks/Stock Options Convertible Security Other:  |
| 8.             | What is the value of this equity interest?  |
|                | \$0-\$5,000 \$5,000-\$50,000 \$50,000-\$250,000 Greater than \$250,000  |
|                | Note: If the stock is not publicly traded, provide an internal estimate of value: \$  |
|                |   |
| Consulti<br>9. | ing:<br>Are you a consultant with this entity?  |
|                | No If no, proceed to question 13. Yes If yes, answer questions 10-12.   |
| 10.            | Do you have a written consulting agreement (non-University agreement)?  |
|                | No Yes  |
| 11.            | Describe in detail the frequency and nature of your consulting activities and whether the consulting is separate from your research.  |
|                |   |
|                |   |
|                |   |
|                |   |
| 10             |   |
| 12.            | Will the terms of your consulting in any way restrict the release of information or other dissemination of research results by faculty/researchers involved in the project? |
|                | No Yes Explain:   |
|                |   |
|                |   |
|                |   |
| Honorar        |   |
| 13.            | Have you received honoraria from this entity?   |
|                | No If no, proceed to question 16. Yes If yes, answer questions 14-15.   |
| 14.            | Describe in detail the frequency and nature of your speaking activities.  |
|                |   |
|                |   |
|                |   |
| 15.            | Are your speaking activities related to the area of proposed research or competitor's product(s)?   |
|                | No Yes Explain:   |
|                |   |
|                |   |



| Direct ar | nd Signific     | ant Impact on Financial Inte       | erests:  |   |
|-----------|-----------------|------------------------------------|--|---|
|           |                 |                                    | n member, supplier of goods, lessor, or otherwise        | e involved with the project?                          |
|           | No              | Yes Explain:                       |  |   |
|           | NO              | Tes Explain.                       |  |   |
|           |                 |                                    |  |   |
|           |                 |                                    |  |   |
|           |                 |                                    |  |   |
| 17.       | Are you t       | he inventor of any device, vac     | cine, procedure, drug, or any other product assoc        | ciated with this research?                            |
|           | No              | Yes                                |  |   |
|           |                 |                                    |  |   |
| 18.       | Does the        | entity manufacture or comme        | rcialize any device, vaccine, procedure, drug or a       | ny other product associated with this research?       |
|           | No              | Yes Explain:                       |  |   |
|           |                 |                                    |  |   |
|           |                 |                                    |  |   |
|           |                 |                                    |  |   |
| 19.       | Will the n      | roject purchase/lease any dev      | vice/material from the entity?                           |   |
| 13.       | win the p       | roject purchasenease any dev       |  |   |
|           | No              | Yes If yes, provide name ar        | nd approximate cost: Name:                               | Cost: \$  |
| 20.       | ls it reaso     | onable to anticipate that the er   | ntity will or could be directly or significantly affecte | d by the design, conduct or reporting of the research |
|           | activity?       |                                    |  | ,   |
|           | No              | Yes                                |  |   |
|           |                 |                                    |  |   |
|           | Flease ex       | plain your reasoning:              |  |   |
|           |                 |                                    |  |   |
|           |                 |                                    |  |   |
|           |                 |                                    |  |   |
|           |                 |                                    |  |   |
| 21        | Is the ent      | ity a non-profit foundation?       |  |   |
|           |                 |                                    |  |   |
|           | No If no,       | proceed to question 22.            | Yes If yes, answer questions A-B and explain             | :   |
|           | A. Doy          | ou have a financial interest in th | ne company(ies) that is (are) providing funds to this n  | on-profit foundation?                                 |
|           | NI-             | N                                  |  |   |
|           | No              | Yes                                |  |   |
|           | B. If the firms |                                    | marily a vehicle for one or two companies or a clo       | sely cooperating group of businesses, indentify these |
|           | IIIII           |                                    |  |   |
|           |                 |                                    |  |   |
|           |                 |                                    |  |   |
|           |                 |                                    |  |   |

Separation of University and Outside Interests:

22. Explain how you are keeping your interests and obligations to the entity separate from your University activity.



|     | ion of University and Outside Interests-continued:<br>Were you part of a formal committee/body that made the decision which led to the award? |
|-----|---|
|     | No No; recused from meeting, discussion and vote; or, did not attend meeting  |
|     | No No, but you were present when the decision was made. Please provide either a copy of the meeting minutes or a written statement.           |
|     | Yes If yes, explain:  |
| 24. | Please attach a brief description (statement of work or abstract) of the research.  |
| 25. | Does the project involve testing of any drugs or devices or the development of a product?   |
|     | No Yes If yes, explain in detail:   |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
| 26. | Is the entity providing any proprietary data, materials or equipment?   |
|     | No Yes If yes, explain what control on access to the research will be necessary:  |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
| 27. | Does the entity participate in deciding the direction of the research?  |
|     | No Yes If yes, explain what role the entity will play:  |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
| -   | ss of Teaching and Research Environment:<br>Are any undergraduate, graduate or postdoctoral students involved in the project?                 |
| 20. |   |
|     | No If no, proceed to question 31. Yes If yes, list how many and in what capacity:   |
|     |   |
| 29. | Are there any constraints or restrictions imposed on the reporting of student work?   |
|     | No Yes If yes, explain:   |
|     |   |
|     |   |
|     |   |
| 30. | Are you the advisor to any of these students?   |
|     | No Yes If yes, explain:   |
|     |   |



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|----------|---|
|          | Jniversity Resources and Facilities:<br>For non-governmental sponsored projects, is the entity supporting full direct and indirect costs of this project? If a gift or MTA indicate "Not<br>Applicable"   |
|          | No Yes Not Applicable   |
| 32.      | List any other entity funding this research and their amount of support. Also identify any University funds that will be supplementing the project  |
|          | \$\$  |
|          | Entity Name Entity Support University Support   |
| 33.      | Will the research be conducted in the entity's facilities?  |
|          | No Yes If yes, how many hours per week will be spent in the entity's facilities?  |
| 34.      | Will any of the entity's personnel work on the research?  |
|          | No Yes If yes, explain in what capacity:  |
|          |   |
|          |   |
|          |   |
| Licensir | 20  |
|          | For non-governmental sponsored projects: Will the contract, grant or gift that will fund this research require the granting of an exclusive license or option to the entity?  |
|          |   |
|          | No Yes If yes, explain how it is documented in a UC Davis research agreement or clinical trial agreement:   |
|          |   |
|          |   |
|          |   |
| 36.      | Does the entity hold rights to a pending patent application or issued patent to an invention(s), license rights or software copyright for you, your spouse, registered domestic partner, or dependent child(ren) for which said person is listed as an inventor (patents) or author (copyrights)? |
|          | Νο  |
|          | Yes; The entity holds a license(s) or option agreement from the University  |
|          | Yes; However, the University assigned ownership of the invention(s) to me   |
|          | Yes; And the application, patent, license or copyright is still owned by the University   |
|          |   |
|          | on of Human and Animal Subjects<br>Does this project involve Human Subjects?  |
|          | No Yes** Indicate the IRB protocol # if known or write "New" if this is a new study:  |
| 38.      |   |
|          | I am involved in recruiting and/r obtaining consent from human subjects   |
|          | I am involved in collection data for this study   |
|          | I am involved in data analysis for this study   |
|          | Other; Please Specify:  |
|          | None of the Above   |

- 39. Does this project involve Animal Subjects?
  - No Yes Indicate the IACUC protocol # if known or write "New" if this is a new study:

\*\* If the project involves Human Subjects, please note that all other investigators on the project must submit financial disclosures (Form 800). For the purposes of this form "Other Investigator" is defined as persons responsible for the design, conduct and/or the reporting of research. <u>The PI is</u> responsible for obtaining disclosures from the Other Investigators.



#### Protection of Human and Animal Subjects - continued:

- 40. Will the entity provide a drug, device, vaccine or procedure for use in the protocol?
  - No Yes
- 41. Do you have an intellectual property interest in any product, drug, device, vaccine or procedure associated with this protocol?
  - No Yes If yes, indicate the name of the drug, device, vaccine or procedure:

#### Non UC Davis Investigators

- 42. Will Non-UC Davis Investigators be involved with the PI or Other Investigators in the design, conduct or reporting of the activities associated with the project (e.g. subcontractors, consultants, others with significant responsibilities)?
  - No Yes If yes, you assure that the collaborator has undergone Conflict of Interest review in accordance with their own institution's policies and regulations.

#### Verification:

I certify under penalty of perjury that this is a complete disclosure of all financial interests related to the specified project. I have used all reasonable diligence in preparing this Statement of Economic Interest- Supplemental Form and, to the best of my knowledge, it is true and complete.

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Signature
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Date

# NOTE: The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting this information is to accomplish the independent and substantive review of positive financial disclosures as required by the University of California Policy on Disclosure of Financial Interest in Private Sponsors of Research dated April 1984. University policy and State law authorize maintenance of this information by the Conflict of Interest Office. Failure to submit this information could result in nonacceptance of your award from the proposed sponsor, state enforcement proceedings against you as well as University sanctions. The information is a public record under University policy and State law. Individuals have the right to review their own records in accordance with Academic Personnel Manual, Section 160. Information about this policy may be obtained from the Conflict of Interest Office.

#### Submit your complete document via option 1, 2 or 3:

#### (1) Deliver/ mail this form with your Sponsored Programs paperwork:

Sponsored Programs 1850 Research Park Drive, Suite 300 Davis, CA 95618 ATTN: Conflict of Interest (COI)

(2) Drop off your signed document via the Office of Research eDOC system, send to Conflicts of Interest

## (3) Inter-campus mail this form to:

Research Compliance and Integrity (RCI) Team 1850 Research Park Drive, Suite 300 Davis, CA 95618 ATTN: Conflict of Interest (COI)

> If you have any questions regarding this process, please contact: The Research Compliance and Integrity (RCI) Team <u>OR COI@ucdavis.edu</u> (530) 754-7754