



Financial Disclosure Form

Please, answer all questions below to the best of your knowledge, providing adequate information to allow an estimate of value, e.g. number of shares of stock or aggregate amount of payments or other consideration received for purposes other than clinical study support, as well as the reason for such payments as it relates to your research.

Answer these questions fully as they apply to **you, your spouse, or dependents**.

Exclusions - The following do not need to be disclosed:

- Salary or royalties received from non-profit institution, or awards or clinical trial agreements through the non-profit institution
- Income from investment vehicles, such as mutual funds and retirement accounts, as long as the discloser does not directly control the investment decisions made in these vehicles;
- Income from a United States Federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute affiliated with an institution of higher education.

1) Financial compensation or management responsibilities in related business

Are you currently or under negotiations to receive income from business in any way related to or that might affect your proposed research activities?

Yes

No

If Yes, is this compensation expected to exceed \$5,000 when aggregated over the next 12 months?

Yes

No

If Yes, please describe (Examples of income include consulting, speaker's or other fees, honoraria, gift funds, stocks or stock options as payments, salary, allowance, dividend, rent, capital gain, real or personal property):

2) Equity interest or business ownership

Are you currently or under negotiations to hold financial interests exceeding \$5,000 or any percent ownership in a business enterprise related to your proposed research activities?

Yes

No

If Yes, please describe:

3) Intellectual property and related businesses

Are you currently or under negotiations to receive compensation from a business enterprise due to intellectual property (e.g. patents, copyrights, or royalty agreements) that might affect your proposed research?

Yes

No

If Yes, please describe:

4) Executive relationship

Are you currently holding or under negotiations to hold a board or advisory position related to any company with a financial interest in the results of your research?

Yes

No

If Yes, please describe:

5) Gifts, favors, or entertainment

List any substantial gifts, favors, or entertainment greater than \$500 in value received that might reasonably be perceived as being given to influence your research in the last 12 months

Name of Company Providing Gift	Type of Gift, Favor, or Entertainment	Name of Recipient	Date Received	Estimated Value
				\$
				\$
				\$

Certification Statement

By signing this form, I declare that the information I have provided is, to the best of my knowledge and believe, true, correct, and complete. I have read and understand the policies related to using the Research Lead platform. I understand that if any of this information is found to be untrue, it may compromise eligibility for grant funding for this and future research on the platform. Furthermore, if my financial interests and arrangements, or those of my spouse or dependent children, change from the information provided during the course of the study or within one after completion of the study, I will notify Research Lead by completing and submitting another Financial Disclosure Form within 30 days of those changes.

Principal Investigator Signature

Principal Investigator Name (Printed)

Date