

Financial Conflict of Interest Disclosure Form

Persons completing this form are expected to have read and understood the Selux Diagnostics Financial Conflict of Interest Policy on Federal Grants and Contracts. If you have any questions regarding that policy, contact the Selux Diagnostics Administrator prior to signing this document.

1. Do you, your spouse, or dependent children have a “significant financial interest (SFI)” (as defined on the Selux Diagnostics, Inc. Company Policy Financial Conflict of Interest (FCOI) Policy) that would reasonably appear to be affected by your “Research”?

Yes

No

2. Do you, your spouse or dependent children have a “significant financial interest” in any business or legal entity whose financial interests would reasonably appear to be affected by this covered “Research”?

Yes

No

If “Yes” to either question, provide description of your “significant financial interest”.

I certify that:

- I have read Selux Diagnostics Policy on Financial Conflict of Interest on Federal Grants and Contracts
- I have made all required Financial Disclosures
- If 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

Printed Name

Disclosure Type:

- First time _____
- Annual Update _____
- Project Specific _____

Project Title/Sponsor: _____

Special Notes (if any):