

**THOMAS JEFFERSON UNIVERSITY**  
**DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS & ACTIVITIES**

**Thomas Jefferson University's Conflicts of Interest Policy No. 107.03 mandates completion of an Annual Disclosure Form and periodic updates of the disclosure form as appropriate. Covered Individuals must complete their own forms. Submission of this form is not a delegable task.**

**Please disclose activities from 2013 up to the current date in 2014.**

**Please return this completed stapled form and any attachments to: Conflicts of Interest, Office of University Counsel, 1020 Walnut St., Scott Building, 6th Floor, Philadelphia, PA 19107**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

**All of the following questions apply to you, and/or your immediate family and any associated entity. For the purpose of this certification, the following definitions apply:**

Immediate Family means spouse, dependent children, and all other persons living in the same household and any associated entity.

Associated Entity means any trust, organization or enterprise other than the University over which the covered individual, alone or together with the individual's immediate family, exercises a controlling interest.

Financially Interested Company means a commercial entity with financial interests that would reasonably appear to be affected by the conduct or outcome of the activity in question. With regard to research, this concept includes companies that compete with the sponsor of the research or the manufacturer of an investigational product, technology, or device if the covered individual actually knows that the financial interests of such a company would reasonably appear to be affected by the research. This term also includes any entity acting as the agent of a financially interested company (e.g., a contract research organization).

Financial Interest Related to the Research means anything of monetary value, whether or not the value is readily ascertainable in the sponsor's product, technology, device or service being tested.

**Questions**

**1. In this academic year, indicate whether you are working at or attending Jefferson:**

TJU Employee [ ] Student [ ] Volunteer Faculty [ ] TJUH Employee [ ]

Full-time [ ] Part-time [ ]

2. **With respect to research activities at Jefferson, do you or your immediate family have any of the following:**

- Ownership interest, stock options, or other financial interest related to the research, unless the interest meets all four of the following tests:
  - Less than \$5, 000 when aggregated for the immediate family.
  - Publicly traded on a stock exchange.
  - Value will not be affected by the outcome of the research.
  - Less than 5% interest in any one single entity when aggregated for the immediate family.
- Compensation related to the research, unless the interest meets both of the following tests:
  - Less than \$5, 000 in the past year when aggregated for the immediate family.
  - Amount will not be affected by the outcome of the research.
- Proprietary interest related to the research including, but not limited to, a patent, trademark, copyright or licensing agreement.
- Board or executive relationship related to the research, regardless of compensation.
- Consulting fees; honoraria; gifts or other financial compensation; or "in kind" compensation including paid authorships from a financially interested company for any purpose not directly related to the reasonable cost of conducting the research (as specified in the research agreement) or engaging in the activity; that when aggregated for the covered individual and his/her immediate family in the prior calendar year exceeded, or in the next calendar year are expected to exceed, \$5,000.

**NOTE: Right to compensation for these activities must be reported in the year when services are performed and must continue to be reported until all related compensation is received.**

- Royalties or inventor's share of royalty income pursuant to the University's Patent Policy, or the right to receive future royalties or such inventor's share under a patent, license or copyright agreement or any other type of agreement, where the research or activity is directly related to the licensed technology or work.
- Any non-royalty payments (or entitlements to payments) in connection with the research or activity that are not directly related to the reasonable costs of the research (as specified in the research agreement between the sponsor or company providing research funding and the University) or activity. This includes any bonus or milestone payments to investigators in excess of reasonable costs incurred, whether such payments are received from a financially interested company or from the University.

**Answer to Question 2 above: Yes [ ] No [ ]**

3. **With respect to all relationships, activities, and responsibilities, not disclosed in response to Question 2, do you or your immediate family have any of the following relationships with a financially interested company (as defined above) or associated entity (as defined above) that either (a) does business with the University or (b) whose activities relate in any way to your research or clinical activities, patent or licensing activities, purchasing activities, or teaching or administrative responsibilities: (Note: Except as indicated below, there is no dollar threshold associated with this question):**

- Ownership interest, Stock or Stock Options of any value in a private company
- Ownership interest, Stock or Stock Options in a public company which, alone or in combination with other financial relationships with the same entity, equal or exceed \$5,000 or a 5% ownership interest in that entity (Do not include Stock/Stock Options held in a mutual, pension, or investment fund over which you or your immediate family have no control with regard to investment decisions)
- Consulting/Independent Contractor/Outside Employment

**NOTE: Right to compensation for these activities must be reported in the year when services are performed and must continue to be reported until all related compensation is received.**

- Service on Scientific Advisory Board
- Service on Committees
- Service on Board of Directors
- Receipt of Royalty Payments
- Receipt of Inventor's Share (i.e., Right to receive future royalties or inventor's share)
- Inventor
- Patents & License Agreements
- Receipt of Honoraria
- Ownership Interests
- Lecturing/Speaking Engagements (excluding speaking under auspices of another academic institution or government agency)

**NOTE: Right to compensation for these activities must be reported in the year when services are performed and must continue to be reported until all related compensation is received.**

- Expert Witness

**NOTE: Right to compensation for these activities must be reported in the year when services are performed and must continue to be reported until all related compensation is received.**

- Acceptance of Gifts/Gratuities
- Paid Authorship

**Answer to Question 3 above: Yes [ ] No [ ]**

**If you answered "Yes" to Question 2 or 3, you must complete a separate Appendix for every company or organization with which you or your immediate family have a relationship and for every relevant interest or relationship if no company or organization is applicable.**

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**CERTIFICATION**

**By submitting this information, I certify that I have completed this annual disclosure and have not delegated this task to another person. The information contained herein has been reviewed by me and I certify that it is accurate to the best of my knowledge. I acknowledge that I have read and understand the “Statement of Principles Regarding Avoidance of Conflicts of Interest for Employees of Thomas Jefferson University” and that I am in compliance with Thomas Jefferson University’s Conflicts of Interest Policy. I submit this information for confidential review by Thomas Jefferson University and Thomas Jefferson University Hospitals. I do not authorize the release of this information for any other purpose. I also acknowledge that it is my responsibility to update this disclosure should there be a change related to any of the information I have provided on this Disclosure.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed stapled form and all Appendices to: Conflicts of Interest, Office of University Counsel, 1020 Walnut St., Scott Building, 6th Floor, Philadelphia, PA 19107**

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**APPENDIX**

The interest, activity or relationship I am reporting relates to a:

- Company    License Agreement    Patented Technology    Organization

Identify the name of the company, license agreement, patented technology, or organization.

1. Who has the relationship?

You  Your Immediate Family Member  You and Your Family Member

2. Describe the relationship with this company, organization, patent, or licensee:

3. Days per year in which you or your immediate family engage in this interest or relationship, Please Note: You may only fill in 0 for stock/stock options, gifts and gratuities and inventor share payments:

\_\_\_\_\_ **(response mandatory)**

4. If this is a company or organization, is it privately owned (not traded on the stock market)?

Yes  No  Not Applicable

5. Enter the nature of the relationship and the amount of compensation received and/or the value of the interest. Complete all categories that apply.

Interest or Relationship	Approximate amount of income annually or value of interest					
	\$0-\$4,999	\$5,000 to \$9,999	\$10,000 to \$19,999	\$20,000 to \$49,999	\$50,000 to \$100,000	>\$100,001
Stock or Stock Options (Publicly-Traded)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Stock or Stock Options	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Consulting	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Independent Contractor	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Outside Employment	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Service on Scientific Advisory Board	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Service on Committees	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Service on Board of Directors	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Receipt of Royalty Payments	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Receipt of Inventor's Share	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Inventor (i.e., right to receive future royalties or inventor's share)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Receipt of Honoraria	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Ownership Interests	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Lectures/Speaking Engagements	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Expert Witnessing	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Acceptance of Gifts/Gratuities	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Unlisted Other	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Paid Authorship	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

6. Is the aggregate total of compensation, income and/or the value of stock/stock options received or held greater than \$5,000 annually?

Yes [ ] No [ ]

7. If you or your immediate family own stock or stock options related to this entity, interest, or relationship, is the stock /stock options held in a mutual fund or other institutional investment fund over which you and/or your immediate family have no control with regard to investment decisions made by the fund?

Yes [ ] No [ ] Not Applicable [ ]

8. To avoid actual or potential conflicts of interest, members of scientific advisory boards, committees or other governing boards should, when appropriate, recuse themselves from all discussions and decisions concerning the University and any activities in which they may be involved or have an interest. Please indicate below whether or not you recuse yourself from discussions or decisions on boards and committees concerning the University and your activities.

Yes [ ] No [ ] I do not serve on any such Committee or Board [ ]

8a. If "No," please explain.

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9. If this Appendix lists an interest or relationship, are you or your immediate family involved in any University business decisions related to the interest or relationship?

Yes [ ] No [ ] Not Applicable [ ]

9a. If "Yes," please explain the decision making process below.

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10. Do you involve your students or staff in your work with this entity?

Yes [ ] No [ ]

Check if your Department Chair, Director, or Supervisor approved this arrangement.

11. Did you or your immediate family apply to or receive funding from the Public Health Service or National Science Foundation for a project/activity related to the interest or relationship listed above?

Yes [ ] No [ ]

11a. If "Yes," was the financial interest disclosed to Jefferson when the proposal was submitted?

Yes [ ] No [ ]

11b. Is this funding for a

Small Business Innovation Research (SBIR) grant Phase I [ ] Phase II [ ]

Small Business Technology Transfer (STTR) grant, Phase I [ ]Phase II [ ]

Not Applicable [ ]

12. Please identify each of the areas in which you or your immediate family participate in Jefferson activities related to the interest, or relationship identified above.

Grants Yes [ ] No [ ]

Contracts Yes [ ] No [ ]

License Agreements Yes [ ] No [ ]

Gift Donor Yes [ ] No [ ]

13 Does this interest or relationship sponsor one or more research studies at Jefferson in which you or your immediate family participate?

Yes [ ] No [ ] If you answered “No,” skip to Question 16

13a. Do any such studies involve clinical research?

Yes [ ] No [ ] If you answered “No,” skip to Question 16.

13b. Do any such studies test an invention made by you or your immediate family?

Yes [ ] No [ ]

13b. Do any such studies test products\_for regulatory approval?

Yes [ ] No [ ]

13d. Do any such studies test products for other purposes?

Yes [ ] No [ ]

13e. If you or your immediate family referred to a member of your department: (a) any clinical testing of a therapy or device developed by the entity, interest or relationship, named above, or (b) clinical research sponsored by the entity, interest or relationship, named above, please enter the name or names of the department member(s) below.

Department Member (s): \_\_\_\_\_

14. How do you or your immediate family participate in these studies?

- |                                |         |        |
|--------------------------------|---------|--------|
| Study design                   | Yes [ ] | No [ ] |
| Patient enrollment             | Yes [ ] | No [ ] |
| Administration of intervention | Yes [ ] | No [ ] |
| Data Collection                | Yes [ ] | No [ ] |
| Data Analysis                  | Yes [ ] | No [ ] |
| Publication                    | Yes [ ] | No [ ] |
| Enrolled Study Subject         | Yes [ ] | No [ ] |

15. Please define your role and/or your immediate family’s role in these studies by checking all appropriate boxes below:

- |                        |         |        |
|------------------------|---------|--------|
| Principal Investigator | Yes [ ] | No [ ] |
| Co-investigator        | Yes [ ] | No [ ] |
| Key Personnel          | Yes [ ] | No [ ] |

16. If you or your immediate family is an inventor of intellectual property, which has been or will be licensed through this entity or which is the subject of this Appendix. Please complete the information below.

Patent Number(s) \_\_\_\_\_  
 Patent Title(s): \_\_\_\_\_

**ATTACH ADDITIONAL PAGES IF NECESSARY**

16a. Is this intellectual property or the related patent the property of TJU via the Office of Technology Transfer?

Yes [ ] No [ ]

16b. Is this intellectual property the subject of or relevant to research studies at Jefferson in which you or your immediate family participate?

Yes [ ] No [ ]

17. Please identify the activities in which you or your immediate family engage that are supported by the above-named entity, interest, or relationship that is the subject matter of this Appendix?

- |   |         |        |
|---|---------|--------|
| Support of trainees (students, fellows, or post-docs)   | Yes [ ] | No [ ] |
| <b>*This includes underwriting residency programs, buying books, or sponsoring fellowships.</b> |         |        |
| CME educational activities  | Yes [ ] | No [ ] |
| Non-CME educational activities  | Yes [ ] | No [ ] |

17a. If you answered “Yes” to any of the items listed in Question 17, please briefly describe the activity and indicate the role played by you and/or your immediate family and any involvement of trainees:

\_\_\_\_\_  
 \_\_\_\_\_



18. Please provide any additional information you feel would be helpful in evaluating this relationship.

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**ATTACH ADDITIONAL PAGES IF NECESSARY**