



### SIGNIFICANT FINANCIAL INTEREST (SFI) DISCLOSURE FORM

*This form is required to be completed by each Investigator pursuant to Innovative Biochips' Policy on Financial Conflicts of Interest in Public Health Service (PHS) Funded Research.*

1. Name:

2. Department/College/Company:

3. Project Title:

4. PHS Funding Agency:

5. Choose which of the following you are submitting for review:
- Initial Disclosure Form (Submitted prior to time of application for PHS funded Research.)
  - Newly Acquired SFI (Submitted within 30 days of discovering or acquiring a new SFI during performance of a PHS funded Research award.)
  - Annual Update

6. Indicate whether you or your family have any SFIs *related to your institutional responsibilities* to be conducted under any PHS funded Research projects. **Your family includes your spouse and all dependent children.**

- No, we do not have any SFIs, as defined in the Policy, to disclose.
- Yes, we do have SFIs, as defined in the Policy, to disclose.

List all financial interests and attach any applicable project Statement of Work.

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<input type="text"/>	\$ <input type="text"/>
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For each Reimbursed or Sponsored Travel Trip required to be disclosed by the Policy, list the following information:

Purpose:  Sponsor:

Destination:  Duration:

7. Indicate whether you have completed the Policy's required training prior to engaging in any PHS funded Research and within the last four years.
- Yes, I have completed the training and have attached appropriate supporting documentation.
  - No, I have not completed the training.

8. Electronic Certification

***I certify that (1) the information given above is true to the best of my knowledge and (2) I have reviewed and shall comply with Innovative Biochips' Policy on Financial Conflicts of Interest in Public Health Service Funded Research.***

**Signature:**

**Date:**

Please submit this form by email to [InstituteOfficial@iBiochips.com](mailto:InstituteOfficial@iBiochips.com)