FINANCIAL DISCLOSURE FORM

LAMAR UNIVERSITY-CONFLICT OF INTEREST DISCLOSURE FORM FOR RESEARCH AND SPONSORED PROJECTS

A conflict of interest may take many various forms but exists when there is a divergence between an individual’s private interest and his/her professional obligations to the University such that an independent, reasonable observer might conclude there is a possibility of influence by consideration of gain, financial or otherwise, for the individual, his/her immediate family or domestic partner. In order to avoid this situation and to comply with Government regulations and University policy, this form must be completed with each request for funding prior to the submission of the proposal.

Information disclosed shall be considered CONFIDENTIAL.

Disclosure type:  [ ] New Annual Disclosure  [ ] Update/Amendment to Current Annual Disclosure

Part A. Investigator Information

Researcher:  Department/Unit:

Researcher’s Role at Lamar University-(Check all that apply)

a) Principal/Lead Investigator on Funded Project  
b) Co-Investigator on Funded Project  
c) Other Key Personnel on Funded Project  
d) Lamar University Administration (VP, Chair, Dean, Director)  
e) Faculty Researcher on Non-Funded Project  
f) Adjunct Faculty  
g) Staff Member  
h) Student Researcher  
i) Sub-Recipient or Contractor on non-Lamar University project

Current Project Type

1) Federally Funded Project

a) Funder:

b) Program:

2) Other Funded Project (non-Federal)

a) Funder:

3) Non-Funded Research (describe)

4) Other:

____________________________________________________________________________________

1 | P a g e
## Part B.
### Screening Questions

<table>
<thead>
<tr>
<th>Questions:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have a consulting or other financial relationship with a proposed sponsor or sponsor of a current project listed in Part A?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Do you have a managerial role with the proposed sponsor?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. Do you have a direct ownership (e.g. stock, stock options, real estate, investment, etc.) or other ownership or interests in the proposed sponsor?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Does the sponsor hold patent rights or copyrights to an invention(s) created by you*?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Does the sponsor hold license rights from Lamar University on any invention(s) created by you*?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Will the sponsor manufacture and/or commercialize any product involved in or that will predictably result from a research project?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Do you* use LU facilities and/or personnel to conduct activities for a proposed sponsor outside the scope of work of a university sponsored agreement?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Do you* supervise students or other researchers in activities conducted for a sponsor outside the scope of work of a university sponsored agreement?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Will an immediate family member(s) or domestic partner be supported by or participate in a project?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. To the best of your knowledge, does a potential or perceived conflict of interest exist with any student, post doc, undergraduate or other person to be employed under or involved with this project?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Is a third party providing cost sharing or participating in the project that you* have a financial relationship with that includes, but is not limited to, those listed under Questions 1, 2, 3, 4, and 5 (above)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Is there any other potential conflict of interest that may exist on this project?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>13. Is the potential financial interest related to any of these questions in excess of $10,000?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Do you yourself have any ownership interest in any entity providing funds for this research?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Does your family have ownership interest in any entity providing funds for this research?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Do you yourself have any ownership interest in any entity that owns or controls intellectual property that could reasonably appear to be affected by a research project?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>17. Does your family have any ownership interest in any entity that owns or controls intellectual property that could reasonably appear to be affected by a research project?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18. Do you yourself have an ownership interest in any entity that could reasonably appear to be affected by a research project?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>19. Does your family have an ownership interest in any entity that could reasonably appear to be affected by a research project?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>20. Could an independent, reasonable person envision a potential conflict of interest on this project that might influence your research findings?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you answered “No” to ALL of the questions above, your Disclosure is complete; you do not have to submit additional information. Please sign and date Part D: Certification Page and return the Disclosure with the Certification to the Office of Research Compliance, P. O. Box 10119.

If you answered “Yes” to ANY of the above questions, please complete a separate Part C: Organizational Profile for every outside organization with which you, your spouse or other member of your immediate family have the relationship(s) indicated above. Then, sign and date Part D, Certification Page and return the Disclosure with the Certification and all Organization Profiles to the Office of Research Compliance, P. O. Box 10119 Additional information may be required by the Dean of your College and the Associate Provost for Research prior to the signature of this contract.
Part C. Organization Profile:

Complete only if you answered, “Yes” to at least one of the screening questions above. Complete a Profile for each organization with which you have the relationship(s) indicated above.

1) Name of Organization:

2) Financial Relationship(s) with the organization (check all that apply):
   i) Consultant
   ii) Employee
   iii) Equity Interest
   iv) Receipt of Honoraria
   v) Recipient of Royalties
   vi) Other (Describe):
   vii) Owner

3) The financial relationship is between the organization and (check all that apply):
   i) Self
   ii) Spouse/Domestic Partner
   iii) Member of Immediate Family

4) Have you, your spouse/domestic partner or other member of your immediate family received in the last twelve (12) months, or do you expect to receive in the next twelve (12) months, payments for salary, director’s fees, consulting, honoraria, royalties, or any other payments that exceed $10,000 per annum; or 2) represent more than a five percent (5%) ownership interest in this enterprise or entity when aggregated for you, your spouse/domestic partner and other members of your immediate family?
   i) Yes
   ii) No

5) Have you, your spouse/domestic partner and/or other member of your immediate family, had in the last twelve (12) months or do you anticipate having in the next twelve (12) months, stock, stock options, or other equity interests in the organization that exceed $10,000 per annum; or 2) represent more than a five percent (5%) ownership interest when aggregated for you, your spouse/domestic partner and other members of your immediate family?
   i) Yes
   ii) No

6) Describe the relationship, if any, is there between the business or activities of the organization and your current or planned areas of research. Do no leave blank, answer “none” if there is no relationship.
Part D:  Investigator Certification

I agree to file a new or updated Financial Interest Disclosure if the answer to any of the questions I’ve answered changes and failure to comply with these policies shall constitute grounds for disciplinary action. I have read and understood the Researcher Conflicts of Interest in Research and Sponsored Program Activities. I certify that the answers I have given are accurate, complete, and truthful.

____________________________________________________________________________________
Investigator (PI/Co-PI/Other) ____________________________ Date: ____________________________

____________________________________________________________________________________
Chair/Director/Unit Head _______________________________ Date: ____________________________

If a conflict of interest does appear to exist, a management plan is ___/is not ___ required.

____________________________________________________________________________________
Dean _______________________________ Date: ____________________________

If required, a management plan has been reviewed and has___/has not___ been approved by the Associate Provost for Research and Sponsored Programs Administration.

____________________________________________________________________________________
Associate Provost for Research __________________________ Date: ____________________________

* “you” is defined as you, your immediate family member(s) or domestic partner