

**Annual Disclosure of Significant Financial Interests  
for Non-University of Georgia Investigators**

(Version 4.24.18)

Name: (Please print) \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

UGA Principal Investigator: \_\_\_\_\_

*The University of Georgia (UGA) requires that this form be filled out by any non-UGA Investigator (defined as the project director or principal investigator or any other person, regardless of title or position, who is responsible for any portion of the design, conduct, or reporting of research or activities on funded projects) who meets one or the other of the following criterion:*

*The Investigator will participate in a proposal to be submitted by UGA to any Public Health Service (PHS) unit of the U.S. Department of Health and Human Services (DHHS) or to a sponsor that has adopted the PHS financial conflict of interest regulations, and the investigator's employer does not have a conflict of interest policy that complies with PHS regulations effective August 24, 2012.*

*The questions pertain to financial activities/interests spanning the past 12 months. If you (or your spouse or dependent children) add new financial activities/interests at any point during the next 12 months, you are required to file an updated disclosure within 30 days of adding them.*

Is this an update to a Disclosure that is already current? \_\_\_Yes \_\_\_No

**I. Personal Compensation**

1. In the past 12 months did you (or your spouse or dependent children) receive personal compensation valued at \$5,000 or more annually, when aggregated, from any entity other than the employer listed above whose operations are related in any way to your professional responsibilities? Personal compensation includes salary, consulting fees, investments (stocks or stock options, but not mutual funds), equity, paid authorships, speaker's fees or intellectual property payments from any entity other than the employer listed above.

\_\_\_Yes

\_\_\_No

*If you checked No, proceed directly to II: Related Outside Activities.*

If you checked "yes" to question 1, please provide, on separate sheet(s), the following details about each instance of personal compensation:

- a. Name of provider of personal compensation
- b. The nature of your professional responsibilities insofar as they relate to or involve the provider
- c. Activities or business of provider (what goods or services are provided)
- d. The nature or type of personal compensation received
- e. Whether the provider is not-for-profit or for-profit. If for-profit, whether it is publicly traded or privately held
- f. The monetary range of the personal compensation over \$5,000/yr  
 \$5,000 - \$10,000     \$10,001 - \$25,000     25,001 - \$50,000     \$50,001 - \$100,000  
 Above \$100,000

**II. Related Outside Activities**

In the past 12 months did you (or your spouse or dependent children):

- a. Hold any position with or serve on the board of directors or on a scientific or technical advisory board or any other board of a business or a not-for-profit organization that is engaged in activity related to your professional responsibilities for your employer? Yes  No
- b. Engage in any activities or relationships not disclosed above that could be perceived to have the potential for creating either a conflict or the appearance of a conflict with your employment responsibilities? Yes  No

**III. Start-Up/Outside Companies**

Are you involved in any way in a start-up or outside company derived from a UGA employee's institutional research, instruction, or public service/outreach responsibilities?

Yes  No

If you checked no, proceed to Section III: Travel Reimbursements.

If yes, provide the following details:

Company name: \_\_\_\_\_

Nature of Company: \_\_\_\_\_

What is your involvement with the company:

**IV. Reimbursed and Sponsored Travel**

You are required to disclose all travel reimbursements paid by any entity other than your employer for the past 12 months, no matter the dollar level, that is either reimbursed or sponsored (i.e., expenses paid on your behalf and not reimbursed to you directly so that you might not know the exact monetary value) that are related in any way to your employment responsibilities. Do not disclose travel paid by your employer; any state, federal or local government agency; another higher education institution, a medical center, or a research institute affiliated with a higher education institution. Do disclose travel paid by industries such as Pfizer, Lockheed-Martin, or GE and by non-profit organizations such as the American Cancer Society, AAAS, American Heart Association, or a national professional society.

I have no travel reimbursements to disclose\_\_\_\_\_ If none, proceed to Affirmation and sign below.

I have the following travel reimbursements to disclose:

	Sponsor/Organization	Purpose of Trip	Destination	Duration of Trip
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**Affirmation:** *I have used all reasonable diligence in preparing this disclosure statement and, to the best of my knowledge, it is true, accurate, and details all required disclosures. I understand that it is my responsibility to disclose any changes that occur in my significant financial interests in this same manner within 30 days of their occurrence. I will comply with any conditions or restrictions imposed by UGA to manage, reduce, or eliminate any conflicts of interest I may have with respect to the project with which I will be affiliated, if funded by a Public Health Service unit of the United States government.*

\_\_\_\_\_  
Signature Date

Please e-mail the completed disclosure to Dan Runge (drunge@uga.edu, 706.542.4188), Senior Compliance Officer and Associate Research Integrity Officer at UGA. When e-mailing the disclosure, please courtesy copy (Cc) the relevant UGA Pre-Award grants official.