

HARVARD UNIVERSITY FINANCIAL INTEREST DISCLOSURE FORM

(This form is intended for use by Harvard-affiliated individuals without an active HUID. If you have an active HUID, please use the electronic version of this form at <http://fcoi.harvard.edu>. Separate guidance is available [here](#) for Harvard Medical School-affiliated individuals.)

If you are a non-Harvard sub-awardee on a project sponsored by agencies of the US Public Health Service, please contact a [COI Officer](#) before completing this form.

All members of the Harvard community share a commitment to uphold the University's core missions and values. Among these missions and values are assurance of personal and institutional integrity in the conduct of all academic duties; pursuit and communication of truth; independent, objective, and ethical scholarship and research; accountability for actions and conduct; and preservation of the University's standing as an institution worthy of public confidence and trust.

Because financial conflicts of interest may corrode the reputation of faculty members and thereby erode confidence in the University, the University must ensure that faculty are aware of the potential of such conflicts. Please carefully read the [University's Policy on Individual Financial Conflicts of Interest for Persons Holding Faculty and Teaching Appointments](#), the University's [Introduction to Financial Interest Disclosure Requirements](#), and complete the following brief disclosure of your own financial interests with diligence and care. All disclosures will be held in strict confidence. If you require guidance regarding how to complete this form, please contact the [COI Officer](#) in the Harvard School with which you are affiliated.

Please complete the following form to the best of your knowledge.

First Name Last Name Middle Initial

School / Department

Email Address Phone Number

Is this an 'annual disclosure'? (Select 'no' if this is an interim update) Yes No

Do you receive, or are you planning to apply for funding from the US Public Health Service or National Science Foundation? Yes No

SECTION A

Please answer all questions in this section

1. Do you have any significant financial interests? Yes No

Please answer 'yes' if in the past twelve months, you (including **family members**) had a financial interest in (including receiving compensation from) a **related outside entity** of more than \$5000 in total, or if you or a family member currently hold **equity** in any amount in a privately-held for-profit related outside entity. Please refer to Appendix A for definitions of terms in **bold**.

If yes, please complete Section B of this form for each entity in which you have a significant financial interest.

2. Have you – or a family member – served in a fiduciary or management role for a related outside entity in the past twelve months? Yes No

Please refer to Appendix A for definitions of terms in **bold**.

If yes, please complete Section B of this form for each entity in which you have a fiduciary or management role.

3. Do you hold any patents, patent applications, or other interest in intellectual property (e.g. license agreements), in anticipation of deriving future financial benefit from them? Yes No

If you answered 'yes' to **3**, please briefly describe the nature of the intellectual property interests you hold.

If you answered **no** to questions **1 AND 2** please skip Section B, complete **SECTION C** and sign the attestation at the end of this form

SECTION B

Interests in Companies and Other Entities Related to your Research, Teaching or other University Responsibilities

Please complete the following section for EACH **related outside entity** in which you have a **significant financial interest**.

You may print and complete as many additional copies of this page as you need.

Only disclose interests in entities that relate to your research, teaching or other University Responsibilities. Do not include interests in mutual funds or similar financial holdings, or income from seminars or lectures. Please review the full definition of related outside entity in Appendix A.

Total number of **related outside entities** in which you have a **significant financial interest**:

Please complete this page for EACH of the entities in which you have an interest, making as many additional copies as you need.

Name of RELATED ENTITY

Is this a for-profit entity? Yes No If yes, is the entity publicly traded? Yes No

I, or a **family member**, have received salary, consulting fees, honoraria, gifts or other benefits, "in kind" compensation, reimbursements in excess of reasonable costs, or other remuneration from this entity in the past twelve months. Yes No

If yes, please indicate the aggregate dollar amount of your (and any family members) compensation received from this entity in the last twelve months.

I, or a **family member**, hold **equity** (including stock, stock options, or other ownership) interests in this entity Yes No

If yes, please indicate the aggregate dollar value of your (and any family members) equity interests in this entity.

I, or a **family member**, have received royalties, license fees, or similar payments from intellectual property rights from this entity in the last twelve months. Yes No

If yes, please indicate the aggregate dollar value of your (and any family members) intellectual property related payments from this entity in the last twelve months.

I, or a **family member**, had a **fiduciary or management role** with this entity in the past twelve months. Yes No

If yes, please state which family member(s) holds the interest identified above (e.g. self, spouse, dependent child), and the type of position held.

Does this entity relate to research for which you receive funding from the US Department of Health and Human Services (including the National Institutes of Health, Centers for Disease Control, and Food and Drug Administration) or the National Science Foundation? Yes No

If yes, please briefly describe.

Please briefly describe the relationship between this entity and research, teaching or other University-related activity in which you are involved (e.g. the entity sponsors your research or could benefit from the findings of your research.)

SECTION C

You may leave this section blank if you have no additional information to disclose

Please use this space to provide any additional information that you believe may relate to your disclosure

ASSURANCE

By signing below, I assure that I have reviewed the *University's Policy on Individual Financial Conflicts of Interest for Persons Holding Faculty and Teaching Appointments*, and my School's implementation plan, that the information provided herein is true and complete to the best of my knowledge, and that by completing this form I am in compliance with the disclosure requirements of the University and my School.

SIGNATURE

DATE