

**VeraChem LLC NIH FCOI Disclosure Form**

Persons completing this form are expected to have read and understood the VeraChem LLC Financial Conflict of Interest Policy.

1. Do you or any member of your immediate family (spouse or partner and dependent children) have any Significant Financial Interests (SFI) in a Publicly-Traded Entity that might reasonably appear to be related to your Institutional Responsibilities? (An SFI for publicly-traded entities exists if the value of any equity interest as of the date of disclosure combined with any remuneration in the past 12 months exceeds \$5,000.)

Yes       No

If Yes, please describe on a separate page the nature and extent of your/their SFI

2. Do you or any member of your immediate family (spouse or partner and dependent children) have any Significant Financial Interests (SFI) in a Privately-Held Entity that might reasonably appear to be related to your Institutional Responsibilities? (An SFI for privately-held entities exists if the value of any remuneration in the past 12 months exceeds \$5,000, or when the Investigator or immediate family holds any equity interest.)

Yes       No

If Yes, please describe on a separate page the nature and extent of your/their SFI

3. Have you or any member of your immediate family (spouse or partner and dependent children) received any income related to intellectual property rights and interests that might reasonably appear to be related to your Institutional Responsibilities? (Do not include any intellectual property that has been assigned to VeraChem LLC.)

Yes       No

If Yes, please describe on a separate page the nature of your/their rights and interest and the income received.

4. In the past 12 months have you undertaken any travel related to your Institutional Responsibilities that was either reimbursed or paid for by any individual or entity other than a Federal, state or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

Yes       No

If Yes, please describe on a separate page the purpose of the trip, the name of the sponsor/organizer, and the destination, duration, and approximate monetary value.

I certify that:

- A. I have read the VeraChem LLC Financial Conflict of Interest Policy.
- B. To the best of my knowledge I have made all required financial disclosures.
- C. I agree to comply with any conditions or restrictions imposed by VeraChem LLC for the purpose of managing, reducing, or eliminating actual or potential conflicts of interest. If I am unable to comply, I understand that VeraChem LLC may remove me from work on the project(s) in question.

Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Disclosure:    Initial    Annual    Updated

Project Numbers (if applicable):