

DILLARD UNIVERSITY INSTITUTIONAL REVIEW BOARD
Conflicts of Interest Disclosure Form

1. Do you and or does any member of your Family or any Associated Entity such as a Family-owned Business have an equity or other ownership interest in a Business or other outside entity that relates to your activities at Dillard University that, when aggregated for yourself, your spouse and your dependent children, either (a) has fair market value of more than \$10,000 or (b) represents more than five percent (5%) of the ownership interest in that Business or entity? **Yes** **No**
2. Do you and or does any member of your Family receive salary, royalties, or other payments from a Business or other outside entity that relates to your activities at Dillard University that when aggregated for yourself, your spouse and your dependent children over the next twelve months are expected to exceed \$10,000? **Yes** **No**
3. Do you or does any member of your Family occupy an Executive position in a Business or other outside entity that relates to your activities at Dillard University? **Yes** **No**
4. Have you and or has any member of your Family or any Associated Entity, prior to completing this form, received a financial benefit in money or in kind from an outside entity the activities of which relate in way to your activities at Dillard University? **Yes** **No**

If you checked **YES** to questions 1, 2, 3, or 4, sign and date the form below AND complete question 5 (A-D) on page 2, **using a separate form for each Business or other outside entity**. If you checked **NO** to 1, 2, 3, and 4, sign and date the form below.

I have read Dillard University's Policy on Financial Conflicts of Interest and the answers on this form are accurate to the best of my knowledge. I will update this disclosure promptly if my circumstances change, either because of a change in my or my family's financial interests, a change in my University activities, or any other change that could affect the fact or appearance of a conflict.

Name (printed): _____ Telephone: _____

Campus Address: _____

Signature: _____ Date: _____

5. Name and Address of Business or outside entity: For profit Non-profit

General description of Business or outside entity:

A. You and your Family's aggregate financial interest in the Business or outside entity: Please check all that are applicable.

1. Consulting income (check annual amount)
- less than \$10,000 more than \$10,000 but less than \$20,000 more than \$50,000
2. Stock, stock option, partnership share or other ownership interest exceeding \$10,000 fair market value or 5% of the outstanding ownership of a Business.
3. Service in an Executive position for a Business: List position and describe duties: _____

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4. Compensation for service on Board of Directors.
5. Payments for commissioned papers, editing, lectures, or expert testimony
6. Royalties for inventions or publications or rights arising from patents or copyrights
7. Gifts, gratuities, favors or anything of monetary value
8. Loan(s) from or indebtedness to the Business or outside entity
9. Any other income or ownership interest (describe on separate sheet of paper)

B. Your activities at Dillard University that might relate to the Business or outside entity. Please check all that apply.

1. Design, conduct, or report research supported by, potentially supported by, or involving Technology owned by the Business or material affecting the Business or outside entity.
2. Assign or supervise the work of students, fellows or other faculty engaged in such research.
3. Make clinical or other referrals to the Business or outside entity.
4. Make or influence University decisions that relate, directly or indirectly, to the Business or outside entity, including decisions regarding purchasing by, contracting on behalf of, or collaborating with, Dillard University, rendering professional advice to the University, or decisions related to the conduct of Sponsored Programs at Dillard University.
5. Serve on an internal or external body with jurisdiction to influence the award or distribution of government funds (e.g. committees of NIH, FDA, or other governmental agencies, private professional or regulatory bodies) where participation or decision-making could reasonably appear to be influenced by the Business interest or other relationship, such as consulting.

C. Indicate the fair market value of the aggregate ownership interest that you and your Family hold in the Business or outside entity by checking the appropriate box:

- less than \$10,000 more than \$10,000 but less than \$50,000 more than \$50,000 but less than \$100,000
- more than \$100,000 not applicable

D. Indicate the amount of aggregate annual income/compensation that you and your Family receive from the Business or outside entity by checking the appropriate box:

- less than \$10,000 more than \$10,000 but less than \$50,000 more than \$50,000 but less than \$100,000
- more than \$100,000 not applicable