

**STATEMENT OF FINANCIAL INTEREST  
FORM A**

Name of Covered Individual: \_\_\_\_\_

List the Business Entity name with which you have an interest:

---

For the Business Entity listed above, specify whether or not you have a disclosure for the topics listed "1 - 9" below. Where you do have an interest, you will be asked to provide additional information.

**1. Received compensation for consulting and/or serving on a scientific advisory board, speaking or any other activities for a Business Entity?**

**N/A      YES      NO**

If YES, for the Business Entity from which you or a Covered Family Member received or anticipate receiving personal compensation or anything of value directly for consulting, serving on a scientific advisory board, speaking or any other activities please answer the following questions.

**1a. Please indicate who holds the financial interest(s) (may be more than one selection):**

Covered Individual (self)

Covered Family Member

Other Person Financially Dependent on Covered Individual

**1b. Do you or a Covered Family Member participate in any research that is sponsored by or evaluates products/devices of the listed business entity?      YES      NO**

If YES, please identify all research projects by listing the IRB/Grant/SRA numbers or name(s) of the study/studies below:

**1c. Do you or a Covered Family Member participate in decisions directly related to the business conducted by the listed Business Entity?      YES      NO**

If YES, please describe below:

**1d. List consulting fees received or anticipated (ad hoc or scientific advisory board):**

For the calendar year prior to this disclosure date (Jan. 1 –Dec. 31)

(approximate dollars): \_\_\_\_\_

For the current calendar year in which this disclosure is made

(approximate dollars): \_\_\_\_\_

**1e. List the speaking fees received or anticipated from the Business Entity (not related to academic duties; including fees sponsored directly or indirectly by this entity):**

For the calendar year prior to this disclosure date (Jan. 1 –Dec. 31)

(approximate dollars): \_\_\_\_\_

For the current calendar year in which this disclosure is made

(approximate dollars): \_\_\_\_\_

**1f. Indicate the approximate number of days you or a Covered Family Member have devoted or anticipate devoting to the above activities for the Business Entity:**

For the calendar year prior to this disclosure date (Jan. 1 –Dec. 31)

(approximate days): \_\_\_\_\_

For the current calendar year in which this disclosure is made

(approximate days): \_\_\_\_\_

**1g. Please add any other information that would help clarify your answers to the previous questions:**

**1h. Please attach all current consulting, advisory, and/or speaking formal, written agreements to this form.**

**2. Received compensation for holding a fiduciary position in a Business Entity including a position as a member of the board of directors, officer, trustee or other executive or management position?      N/A      YES      NO**

If YES, for the Business Entity from which you or a Covered Family Member have a role (paid or unpaid) for serving as a Board of Directors Member, Officer, Trustee or Other Executive or Management Position, please answer the following questions:

**2a. Please indicate who holds the financial interest(s) (may be more than one selection):**

Covered Individual (self)

Covered Family Member

Other Person Financially Dependent on Covered Individual

**2b. Do you or a Covered Family Member participate in any research that is sponsored by or evaluates products/devices of the listed business entity?      YES      NO**

If YES, please identify all research projects by listing the IRB/Grant/SRA numbers or name(s) of the study/studies below:

**2c. Do you or a Covered Family Member participate in decisions directly related to the business conducted by any of the listed Business Entity?      YES      NO**

If YES, please describe below:

**2d. Estimate board of directors, officer, trustee or other executive or management fees received or anticipated :**

For the calendar year prior to this disclosure date (Jan. 1 –Dec. 31)

(approximate dollars): \_\_\_\_\_

For the current calendar year in which this disclosure is made

(approximate dollars): \_\_\_\_\_

**2e. Indicate the approximate number of days you or a Covered Family Member have devoted or anticipate devoting to the above activities for the Business Entity:**

For the calendar year prior to this disclosure date (Jan. 1 –Dec. 31)  
(approximate days): \_\_\_\_\_

For the current calendar year in which this disclosure is made  
(approximate days): \_\_\_\_\_

**2f. Please attach copies of all paid Board of Directors, Officer, Trustee or Other Executive or Management Position agreements to this form.**

**3. Received compensation for creating, producing, or editing publishable content for a Business Entity?      N/A      YES      NO**

If Yes, for the Business Entity from which you or a Covered Family Member received or anticipate receiving personal compensation for

- creating
- producing, or
- editing publishable content

(regardless of the medium of expression) for or on behalf of the Business Entity, please answer the following questions.

This does not include activities that would normally be considered part of academic duties (e.g., writing scholarly or educational journal articles or book chapters, teaching grand rounds, serving on study sections, or serving as an editor of a scientific journal).

**3a. Please indicate who holds the financial interest(s) (may be more than one selection):**

Covered Individual (self)

Covered Family Member

Other Person Financially Dependent on Covered Individual

**3b. Estimate of compensation received or anticipated from editorial services:**

For the calendar year prior to this disclosure date (Jan. 1 –Dec. 31)  
(approximate dollars): \_\_\_\_\_

For the current calendar year in which this disclosure is made  
(approximate dollars): \_\_\_\_\_

**3c. Indicate the approximate number of days you or a Covered Family Member have devoted or anticipate devoting to the above activities :**

For the calendar year prior to this disclosure date (Jan. 1 –Dec. 31)  
(approximate days): \_\_\_\_\_

For the current calendar year in which this disclosure is made  
(approximate days): \_\_\_\_\_

**3d. Please add any other information that would help clarify your answers to the previous questions:**

**3e. Please attach all agreements for which you or a Covered Family Member received personal compensation for creating, producing, or editing publishable content (regardless of the medium of expression) to this form.**

**4. Received compensation from licenses, royalties, or other intellectual property?    N/A    YES    NO**

For the Business Entity from which you or a Covered Family Member received or anticipate receiving personal compensation or anything of value from

- royalties
- license fees or other compensation
- agreements to share in royalties, license fees or other compensation

with respect to intellectual property (excluding royalties from publishing), please answer the following questions.

In addition, please note any other intellectual property, whether or not it is owned or claimed by an entity, in which you have such interests or have agreements to acquire or share such interests. This does not include royalties from publishing.

**4a. Please indicate who holds the financial interest(s) (may be more than one selection):**

Covered Individual (self)

Covered Family Member

Other Person Financially Dependent on Covered Individual

**4b. Do you or a Covered Family Member participate in decisions directly related to the business conducted by the listed Business Entity?      YES      NO**

If YES, please describe below:

**4c. Do you or a Covered Family Member participate in any research that is sponsored by or evaluates products/devices of the listed Business Entity?      YES      NO**

If YES, please identify all research projects by listing the IRB/Grant/SRA numbers or name(s) of the study/studies below:

**4d. Do you or a Covered Family Member participate in decisions directly related to the business conducted by the listed Business Entity?      YES      NO**

If YES, please describe below:

**4e. Please describe inventions or intellectual property and their relationship to the listed Business Entity (Provide TTD#):**

**4f. Please describe the relationship between intellectual property and any research you or a Covered Family Member may have planned for the next year:**

**4g. License/Royalty Fees received or anticipated:**

For the calendar year prior to this disclosure date (Jan. 1 –Dec. 31)

(approximate dollars): \_\_\_\_\_

For the current calendar year in which this disclosure is made

(approximate dollars): \_\_\_\_\_

**4h. Please add any other information that would help clarify your answers to the previous questions:**

**5. Investment interests?            N/A            YES            NO**

For the Business Entity in which you or a Covered Family Member have an investment interest, or had an investment interest during the last 12 months. Investment interests include without limitation

- common stock
- preferred stock
- shares partnership interests
- LLC interests
- options or other derivatives

Investments do not include shares in exchange-traded mutual funds, IRAs, or 401(k) plans. Please answer the following questions.

**5a. Please indicate who holds the financial interest(s) (may be more than one selection):**

Covered Individual (self)

Covered Family Member

Other Person Financially Dependent on Covered Individual

**5b. Do you or a Covered Family Member participate in any research that is sponsored by or evaluates products/devices of the listed business entity?    YES    NO**

If YES, please identify all research projects by listing the IRB/Grant/SRA numbers or name(s) of the study/studies below:

**5c. Do you or a Covered Family Member participate in decisions directly related to the business conducted by any of the listed Business Entity?    YES    NO**

If YES, please describe below:

**5d. Is the Business Entity publicly traded?            YES            NO**



**5e. Did you or a Covered Family member hold any investment interest(s) at any point in the calendar year prior to this disclosure date (Jan. 1 – Dec. 31)?**      **YES**      **NO**

If YES, what is the estimated value of the investment interest(s) for the calendar year prior to this disclosure date (Jan. 1 – Dec. 31)?

**5f. What is the estimated current value of the investment interest(s)?**

**5g. What is the estimated percentage of ownership in any investment interest(s) represented for the calendar year prior to this disclosure date (Jan. 1 – Dec. 31)?**

**5h. What is the current percentage of ownership in any investment interest(s)?**

**6. Gifts?**      **N/A**      **YES**      **NO**

For the Business Entity in which you or a Covered Family Member received or anticipate receiving anything of value such as:

- entertainment tickets
- meals
- gift cards or gift certificates
- books
- other items

which, when aggregated for a single business entity, exceeded \$99, please answer the following questions.

**Note:** Travel reimbursements for academic duties are excluded from the definition of a “gift”.

**6a. Please indicate who holds the financial interest(s) (may be more than one selection):**

Covered Individual (self)

Covered Family Member

Other Person Financially Dependent on Covered Individual

**6b. Do you or a Covered Family Member participate in any research that is sponsored by or evaluates products/devices of the listed business entity?      YES      NO**

If YES, please identify all research projects by listing the IRB/Grant/SRA numbers or name(s) of the study/studies below:

**6c. Do you or a Covered Family Member participate in decisions directly related to the business conducted by the listed Business Entity?      YES      NO**

If YES, please describe below:

**6d. Please provide an estimate of the value of the gift(s) received or anticipated (e.g., entertainment tickets, meals, gift certificates, items, etc.) for:**

For the calendar year prior to this disclosure date (Jan. 1 –Dec. 31)  
(approximate dollars): \_\_\_\_\_

For the current calendar year in which this disclosure is made  
(approximate dollars): \_\_\_\_\_

**7. Reimbursed or sponsored travel expenses?      N/A      YES      NO**

For the Business Entity from which you or a covered Family Member received or anticipate receiving reimbursed or sponsored travel or per diem expenses for services you personally provided to the Business Entity, REGARDLESS of whether you received any other personal compensation or anything of value from the Business Entity, please answer the following questions:

**NOTE:** This does not include travel reimbursed or sponsored by a federal state or local government agency, an institution of higher education as defined by 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute affiliated with an institution of higher education. Please note that reimbursed or sponsored travel for other non-profits such as the American Heart Association, would be reportable.

**7a. Please indicate who holds the financial interest(s) (may be more than one selection):**

Covered Individual (self)

Covered Family Member

Other Person Financially Dependent on Covered Individual

**7b. Please provide an estimate of reimbursed or sponsored travel and/or per-diem received or anticipated from the listed Business Entity:**

**For the calendar year prior to this disclosure date (Jan. 1 – Dec. 31)**

**Purpose of Trip:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Duration in Days:** \_\_\_\_\_

**Approximate Dollars:** \_\_\_\_\_

**Purpose of Trip:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Duration in Days:** \_\_\_\_\_

**Approximate Dollars:** \_\_\_\_\_

**Purpose of Trip:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Duration in Days:** \_\_\_\_\_

**Approximate Dollars:** \_\_\_\_\_

**Purpose of Trip:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Duration in Days:** \_\_\_\_\_

**Approximate Dollars:** \_\_\_\_\_

**For the current calendar year in which this disclosure is made (Jan. 1 – Dec. 31)**

**Purpose of Trip:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Duration in Days:** \_\_\_\_\_

**Approximate Dollars:** \_\_\_\_\_

**Purpose of Trip:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Duration in Days:** \_\_\_\_\_

**Approximate Dollars:** \_\_\_\_\_

**Purpose of Trip:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Duration in Days:** \_\_\_\_\_

**Approximate Dollars:** \_\_\_\_\_

**Purpose of Trip:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Duration in Days:** \_\_\_\_\_

**Approximate Dollars:** \_\_\_\_\_

**7c. Please add any other information that would help clarify your reimbursed or sponsored travel:**

**8. Other income?      N/A      YES      NO**

For the Business Entity from which you or a Covered Family member received or anticipate receiving additional income (e.g., any other compensation or benefit from a single business entity not otherwise described) that reasonably appears related to the Covered Individual's institutional responsibilities, please answer the following questions.

**8a. Please indicate who holds the financial interest(s) (may be more than one selection):**

Covered Individual (self)

Covered Family Member

Other Person Financially Dependent on Covered Individual

**8b. Do you or a Covered Family Member participate in any research that is sponsored by or evaluates products/devices of the listed business entity?      YES      NO**

If YES, please identify all research projects by listing the IRB/Grant/SRA numbers or name(s) of the study/studies below:

**8c. Do you or a Covered Family Member participate in decisions directly related to the business conducted by the listed Business Entity?    YES    NO**

If YES, please describe below:

**8d. Please provide an estimate of other income received or anticipated from the listed Business Entity:**

For the calendar year prior to this disclosure date (Jan. 1 –Dec. 31)

(approximate dollars): \_\_\_\_\_

For the current calendar year in which this disclosure is made

(approximate dollars): \_\_\_\_\_

**8e. Please add any other information that would help clarify the other income you received:**

## **9. Additional information to this Disclosure?**

**9a. Please add any other information that you feel is relevant to this disclosure:**



**AFFIRMATION**

By signing this form, I am affirming the accuracy, to the best of my knowledge, of what I have disclosed on this form. In addition, by signing this form, I am affirming each of the following statements:

- (a) I acknowledge reviewing a copy of HPCR’s Financial Conflicts of Interest in Research: Disclosure, Management, and Reporting policy.
  
- (b) I have disclosed on this form, any and all activities and interests that I, my covered family members, or any Covered Individual have or have taken part in, that when considered in conjunction with my position and research activities might possibly constitute a conflict of interest.
  
- (c) If any new financial interest that requires disclosure arises, I will provide an amendment to this Statement of Financial Interest within 30 days to the HPCR Administrative Director or designee in Accordance with HPCR’s Financial Conflicts of Interest in Research: Disclosure, Management, and Reporting policy.

**I affirm the above statements and my typed name below serves as my signature.**

**Name of Covered Individual:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**dd/mmm/yyyy**