

San Juan Bautista School of Medicine
Disclosure of Investigator's Significant Financial Interest
FORM 1.B

TO BE FILED BY ALL RESEARCHERS WITH SIGNIFICANT CONFLICT OF INTEREST

Date of this Disclosure: _____ **New** **Update**

If you answered **Yes** to any of the questions on the *Disclosure of Investigator's Financial Interest (FORM A)* you have a significant financial interest in an entity and should file this **FORM B** to be used by the Financial Conflict of Interest (FCOI) institutional officer to determine if such a financial conflict of interest may bias the result of your scientific research funded by the United States Public Health Service and to establish any pertinent actions to mitigate or eliminate the effect of such conflict in the results of the research.

Investigator collaborator or consultant at San Juan Bautista School of Medicine.

First Name	Middle Initial	Last Name

Office phone: _____ **E-mail address:** _____

Please use a separate Disclosure Form B for each entity where you have a significant financial interest as per the above referred regulation.

1. Entity Type Foreign or Domestic: Publicly Traded or Non-Publicly Traded
2. Name of External Entity:
3. Physical Address:
4. Indicate, name of principal official or contact person, telephone number and e-mail address of the Institutional Officer at the Entity:
Name of principal official or contact person: _____
Telephone number: _____ Fax number: _____
E-mail address: _____
5. Explain the nature of your significant financial interest in this entity (equity, consulting fees, travel reimbursement, honoraria, paid autorship, etc.) at present and/or for the last twelve months preceding the date of this disclosure. Please use assigned letter (A, B, C, D, or E) based on the ranges as follows:
 - A. \$0-\$4,999;
 - B. \$5,000-\$9,999;
 - C. \$10,000-\$19,999;
 - D. amounts between \$20,000-\$100,000 in increments of \$20,000; or
 - E. amounts above \$100,000 in increments of \$50,000.

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NATURE OF YOUR SIGNIFICANT FINANCIAL INTEREST IN THIS ENTITY	RANGE
a. Remuneration received in the form of salary or payment for services, such as consulting fees, honoraria, paid authorship, or other supplemental income:	
b. Equity interest, including any stock, stock option, or other ownership interest:	
c. Intellectual property rights and interests:	
d. Fiduciary role (executive role, voting member of the board, etc., even if unpaid):	
e. Not excluded travel, during the past twelve months, reimbursed or sponsored on your behalf by the external entity. Indicate purpose, destination and duration of the travel:	

I agree to abide by the San Juan Bautista School of Medicine Financial Conflict of Interest Policy for Research. I certify that the above information is true to the best of my knowledge and that it has been submitted as required by law, regulation, and contract. I understand and agree that if there is any change in my financial status, I must submit a new disclosure and attachment within 30 days of that change.

Print name:

Signature:

Date: