

**University of Southern Indiana**

**USI Investigator - Significant Financial Interest Disclosure Form**

**Name:**

**Department:**

**Email:**

**Phone:**

**1. Name of the entity from which you are receiving or will receive the disclosed compensation, in which you hold an ownership interest in, or who has or will sponsor your travel:**

**2. List your current sponsored program and/or research including the name of the principal investigators and title of the study:**

**3. Type of remuneration:**

Type of entity	Mark 'x' if true
Compensation	
Equity of Ownership	
Travel*	

**\*If Travel:**

**Purpose of travel:**

**Destination:**

**Duration of travel:**

**Est. value of travel, if known:**

**4. Type of entity:**

Type of entity	Mark 'x' if true
For profit (publicly-owned)	
For profit (privately-held)	
Non profit	
Governmental/Public	

**5. Describe the business of this entity:**

**6. Please describe how your disclosed external relationship with the above noted entity does or does not relate to your USI responsibilities:**

**7. Please indicate the total annual amount of compensation and/or value of sponsored or reimbursed travel: \$**

**8. Please indicate the aggregate fair market value of ownership interest: \$**

9. When did/will the compensation and or travel occur?

10. Please provide a brief description of your role and responsibilities or ownership interest in the entity, including any applicable titles for which you, your spouse, registered domestic partner, or dependent children will receive compensation.

11. If you are providing speaking presentations and/or consulting for the entity listed above, please mark all relevant boxes below.

<u>Speaking</u>	Mark X if true
a) Slide decks for my presentations are provided by the entity and are based on FDA approved content.	
b) I cannot deviate from the slide deck presented to me by the above mentioned entity.	
c) I have complete control over the content of my presentations	

<u>Consulting</u>	Mark X if true
a) My consultant work for the above entity was a one-time engagement.	
b) My consultant work for the above entity is ad hoc.	
c) My consultant work for the above entity is contractual.	

12. Is the disclosed interest royalties or licensing fees?

*IF YES: Please describe the intellectual property to which the payments are related and how it is or is not related to your USI responsibilities.*

13.

<u>Other disclosures:</u>	Mark X if true
a) The entity or any of its employees using space, equipment, or facilities are at USI (Do NOT include USI work done pursuant to sponsored research agreements.)	
b) My USI research/sponsored program work involves human subjects	
c) Products and/or services made by the above noted entity in which I have a financial relationship are being used during performance of my USI responsibilities	

Signature:

Printed Name:

Date:

*Return signed document to the Office of Sponsored Projects and Research Administration*