



Financial Conflict of Interest Disclosure Form

Persons completing this form are expected to have read and understood the Opticyte Financial Conflict of Interest Policy on Federal Grants and Contracts. If you have any questions regarding that policy, contact the Opticyte Administrator prior to signing this document.

1. Do you, your spouse, or dependent children have a "significant financial interest (SFI)" (as defined on the Opticyte, Inc. Company Policy Financial Conflict of Interest (FCOI) Policy) that would reasonably appear to be affected by your "Research"?

\_\_\_ Yes

\_\_\_ No

If yes, please describe in the space below the nature and extent of your/their affiliation.

2. Do you, your spouse or dependent children have a "significant financial interest" in any business or legal entity whose financial interests would reasonably appear to be affected by this covered "Research"?

\_\_\_ Yes

\_\_\_ No

If yes, please describe in the space below the nature and extent of your/their affiliation.

Description of your "significant financial interest", if applicable in Sections 1 and 2 above.

I certify that:

I have read Opticyte Policy on Financial Conflict of Interest on Federal Grants and Contracts.

I have made all required financial disclosures.

(If the program leader, principal investigator or project director) I have made every effort to ensure that all Investigators (see policy for definition) responsible for the design, conduct or reporting of the research have submitted required disclosures.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Typed/Printed name: \_\_\_\_\_

Disclosure Type:

First time

Annual update

Project specific: Project title \_\_\_\_\_ Sponsor \_\_\_\_\_

Special Notes (if any):