

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS

STATEMENT OF FINANCIAL INTERESTS

This financial disclosure form should be completed after careful review of the Policy and Procedure on Conflicts of Interest in Research (the "Policy"). This form cannot be accurately completed without reference to the Policy, which contains definitions of key terms. Please note that the disclosure form asks for information on activities not allowed under the Policy, as well as information on activities permitted with or without management.

Faculty Members must complete this disclosure form annually. Any changes during the year must be reported within thirty (30) days by submitting an updated form.

INSTRUCTIONS: Please answer all questions, which are described below. If you need more space to answer any questions, please use additional paper. Please include your name and date on each additional page.

1. **List all Business Entities¹ in which you, your Family,² or an Associated Entity³ holds an equity interest⁴.** Provide details of your ownership interest, value in dollars, and time committed. Describe any relationship that the Business Entity has to your research, and provide details.⁵ If you, your Family, or an Associated Entity has no ownership interest in any Business Entity, please state you have no ownership interests to report.
2. **List all Business Entities in which you, your Family, or an Associated Entity serves on a board, advisory committee, or similar body.** Provide details of the relationship with the Business Entity, annual income, reimbursements, and time committed. Describe any relationship that the Business Entity has to your research, and provide details. If you, your Family, or an Associated Entity has no relationship of this type with any Business Entity, please state you have no relationships to report.
3. **List all Business Entities in which you, your Family, or an Associated Entity serves in a paid consulting capacity.** Provide details of the relationship with the Business Entity, annual income, reimbursements, and time committed. Describe any relationship that the Business Entity has to your research, and provide details. If you, your Family, or an Associated Entity has no relationship with any Business Entity, please state you have no relationships to report.
4. **List all Business Entities (other than UT Southwestern) that have provided additional sources of income in the past 12 months to you, your Family, or an Associated Entity.**

¹"Business Entity" means any corporation, partnership, sole proprietorship, firm, franchise, association, organization, holding company, joint stock company, receivership, business or real estate trust, or any other legal entity organized for profit or charitable purposes, but excluding the UT Southwestern affiliated hospitals, any non-profit health care corporation, or any other entity controlled by, controlling, or under common control with the UT Southwestern or an affiliated hospital.

²"Family" of a Faculty Member means spouse, minor children and other persons living in the same household or financially dependent upon the Faculty Member.

³"Associated Entity" means any trust, organization or enterprise other than UT Southwestern or any affiliated hospital, over which the Faculty Member, alone or together with Family, exercises a controlling interest.

⁴ The term "equity interest" includes stocks, stock options, or other ownership interests; it does not include equity interests held indirectly through funds, such as mutual funds and pension funds, in which the Faculty Member does not directly control the selection of investments.

⁵ Details should include a brief description of the nature of the research, the degree to which your interest is related to your research, and the extent to which your interest could be affected by your research.

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This disclosure reflects activity for the past 12 months. Use additional pages as needed. Answer each question. Incomplete forms will be returned.

Please complete and return to the COI Office at Mail Code 8574.

1. List all Business Entities in which you, a Family member, or an Associated Entity holds an **equity interest**. Check all boxes which apply.
Include:
Business Entity: _____ or **None**
Ownership Interest: _____
Value in Dollars: _____ <\$10,000 _____ ≥\$10,000
Time Committed: _____
Does the Business Entity have any relationship to your research? _____ No _____ Yes
If yes, describe the relationship in detail on a separate page.
Does this Business Entity conduct business with UT Southwestern? _____ No _____ Yes
If yes, do you participate in decisions directly related to the business conducted by the Business Entity? _____ No _____ Yes
- List all Business Entities in which you, a Family member, or an Associated Entity serves on a **board, an advisory committee, or similar body, including non-profit or charitable entities**. Check all boxes which apply.
Include:
Business Entity: _____ or **None**
Nature of the participation (i.e., board member, advisory committee): _____
Annual Income (in last 12 months): _____ <\$10,000 _____ ≥\$10,000
Time Committed: _____
Does the Business Entity have any relationship to your research? _____ No _____ Yes
If yes, describe the relationship in detail on a separate page.
3. List all Business Entities in which you, a Family member, or an Associated Entity serves in a **paid consulting capacity**. Check all boxes which apply.
Include:
Business Entity: _____ or **None**
Nature of the consulting relationship: _____
Annual Income (in last 12 months): _____ <\$10,000 _____ ≥\$10,000
Time Committed: _____
Does the Business Entity have any relationship to your research? _____ No _____ Yes
If yes, describe the relationship in detail on a separate page.
Enclose copies of all consulting agreements.
4. List all Business Entities that provide additional sources of income to you, a Family member, or an Associated Entity which are not addressed above. Check all boxes which apply.
Include:
Business Entity: _____ or **None**
Ownership Interest: _____
Annual Income (in last 12 months): _____ <\$10,000 _____ ≥\$10,000
Time Committed: _____
Does the Business Entity have any relationship to your research? _____ No _____ Yes
If yes, describe the relationship in detail on a separate page.
Does this Business Entity conduct business with UT Southwestern? _____ No _____ Yes
If yes, do you participate in decisions directly related to the business conducted by the Business Entity? _____ No _____ Yes

I affirm that this Statement of Financial Interests is complete and accurate to the best of my knowledge, and I agree to promptly file an update in the event of changes occurring prior to the filing of my next annual Statement.

Printed Name and Signature

Date (3/06)