

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Abbara	Suhny	790CS- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.	society for cardiovascular computed tomography	No Conflict Identified
			If you previously disclosed an entity, many of the responses will be prepopulated for		
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member?	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			Please select one. Follow up question will appear based on your selection:		
			13. Please indicate the type of outside activity and/or financial interest with the outside entity:	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			Include all affiliations where payment is made to the covered individual as well as all volunteer positions.		
			Include all travel that is required as part of any activity/interest.		
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.	\$0 (Uncompensated activity)	No Conflict Identified
			Please include in-kind contributions from domestic and foreign entities or governments that support research activities.		
			Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.		
			If you are a Physician, you may refer		

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Abdullah	Kalil	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.	NX Development Corporation	No Conflict Identified
			If you previously disclosed an entity, many of the responses will be prepopulated for		
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member?	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			Please select one. Follow up question will appear based on your selection:		
			13. Please indicate the type of outside activity and/or financial interest with the outside entity:	Academic Teaching	No Conflict Identified
			Include all affiliations where payment is made to the covered individual as well as all volunteer positions.		
			Include all travel that is required as part of any activity/interest.		
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Abe	Dreaux	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tory Burch	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Abrams	John	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Agilent Technologies Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amgen Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bristol-Myers Squibb Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	No Conflict Identified
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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Illumina Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	136,000	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Becton Dickinson and Company	No Conflict Identified
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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	675,000	No Conflict Identified
Abreu	Marconi	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Novo Nordisk Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Abuharb	Belal	U9120-FINA ANLST II	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Childrens Medical Center	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	N/A

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Abuogi	Dora	U6008-RN PRACTITIONER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	OR NURSES NATIONWIDE ,INC. AND TRAVEL NURSES, INC.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
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Abush Segev	Hila	740RS-INSTRUCTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Holmusk	Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Identified

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Addo	Tayo	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	MMIT Network	No Conflict Identified
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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Adogwa	Owoicho	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Evolution Spine LLC	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>SMAIO</p>	<p>Under COI Office Assessment</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>Under COI Office Assessment</p>

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Agarwal	Shivum	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Faith Community Hospital, Jack County Hospital District	No Conflict Identified
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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Global Family Practice PLLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	>\$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Acclaim Medical Group, John Peter Smith Hospital	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Private Investments via Fidelity Investments (Various Stocks, Funds, Retirement)	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	>\$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Concord Medical Group	No Conflict Identified
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Agosto Salgado	Sarimar	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Blueprint Medicine Corporation	Under COI Office Assessment
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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Eisai Inc	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	Under COI Office Assessment
Aguilar	Karen	4414-RESCH ASSIST I	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Coaching for Academic Success	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Aguilera	Todd	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Avelas Biosciences	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AKSO Biosciences	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Galera therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Apexigen incorporated	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Ahmad	Zahid	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Ahmed	Mohammed	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The American Board of Anesthesiology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Ahn	Chul	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Eutilex	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Ahn	Richard	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stocks	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Al Shalal	Mohammed	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hatcher Station Women's Health Center -Parkland health system	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	200000	No Conflict Identified
Alaiti	Mohamad Ame	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott Laboratories	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ABIOMED	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Angiosafe	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Albracht	David	730CN- ASSISTANT PROFESSOR	13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Complete without Disclosure

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	Complete without Disclosure
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	Complete without Disclosure
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Medical Board	Complete without Disclosure
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Complete without Disclosure

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Alford	Jennifer	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Association of Corporate Counsel	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of North Texas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Ali	Osman	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas, Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Ali	Sadia	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Array Pharma	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ipsen Biopharmaceuticals Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AstraZeneca Pharmaceuticals LP	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	cancer commons	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Legend Biotech	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Science 37	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Foundation Medicine Inc.</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Covered Family (A family member performs the activity or maintains the financial interest)</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$5,000 - \$10-000</p>	<p>No Conflict Identified</p>

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Alick Lindstrom	Sasha	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boxer Capital Tavistock Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$600	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Allison	Jerry	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Molina Healthcare of Texas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
AIShahrouri	Rania	4367-MGR CLIN RESCH	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas Health Science Center in Houston	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Alvarado	Jacquelyn	1759-CERT RN MIDWIFE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baylor University & West Coast University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Alvarez Arguedas	Samuel	4804-POSTDOCTORAL RESEARCHER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Northwestern University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Gifts Valued at Greater Than \$50	No Conflict Identified

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Aly	Al	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Insrorb Stapler	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Elsevier Publishers	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	QMP (Quality Medical Publishing)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Ambardekar	Aditee	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Board of Anesthesiology (Oral Board Examiner)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Accreditation Council for Graduate Medical Education	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	MF Investors	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$175,000	No Conflict Identified
Amin	Alpesh	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ArcLife Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Ananthakrishnan	Lakshmi	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Texas Health Surgery Center Fort Worth Midtown</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Covered Family (A family member performs the activity or maintains the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	Unknown	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ophthalmology Associates	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	500,000	No Conflict Identified
Anderson	Chelsea	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	US Renal Care Tarrant LP	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$2,000,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Greater Houston Dialysis LP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$300,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Lee Anderson Family Limited Partnership	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	6,800,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bristol-Myers Squibb Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	161,572.00	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbVie Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Anderson	Larry	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	GlaxoSmithKline LLC	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Celgene Corporation (AKA BMS)	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	OAE Approved
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Janssen Biotech Inc	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Karyopharm Therapeutics	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	oncopeptides	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Anderson	Ravern	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Keller Williams Realty	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Andruska	Kristin	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sound Physicians	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Anerobi	Keshia	4377- RESEARCH STUDY COORDINATOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The College of Healthcare Professions	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Annaswamy	Thiru	710CN- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dane Street	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Academy of Physical Medicine & Rehabilitation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Foundation for PM&R	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Antczak	Monika	4405-RESCH SCIENTIST SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	RODEO THERAPEUTICS	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
Antonelli	Jodi	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cook Medical LLC	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved

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Aqul	Amal	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Albireo	COI Identified - Committee Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review

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Arafat	Waddah	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Seattle Genetics Inc	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment

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Argenbright	Keith	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Brite Divinity School	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Christian University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	UT Dallas / UT Southwestern	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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Arias-Franklin	Sonia	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	All Fired Up LLC. DBA Firehouse Subs	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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Arnold	Elizabeth	710RS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Wake Forest School of Medicine</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Non-UTSW Faculty Appointment</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Merck Sharp & Dohme Corporation</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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Arnold	Susan	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	3M Company	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	Under COI Office Assessment
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$20,000 - \$40,000	Under COI Office Assessment

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bristol-n/aMyers Squibb Company	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Gilead Sciences Inc	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Under COI Office Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Honeywell Int. Inc	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	Under COI Office Assessment

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	McKesson Corporation	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Oracle Corporation	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Under COI Office Assessment

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	Under COI Office Assessment

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Proctor & Gamble	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	Under COI Office Assessment
Arteaga	Carlos	706TT- PROFESSOR & DIRECTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Immunomedics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Daiichi Sankyo Company LTD	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Susan G. Komen Foundation	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>Conflict Managed</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Provista Diagnostics Inc</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NOVARTIS PHARMACEUTICALS CORPORATION	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ELI LILLY AND COMPANY	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	SANOFI-AVENTIS US LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Taiho Oncology Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Puma Biotechnology	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>OrigiMed</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Arvinas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Arvisais-Anhalt	Simone	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cmedcert	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Asante	Erica	8167-PRGM MGR GLOBAL HLTH	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Impact Global Strategies	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	N/A

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	N/A
Ashikyan	Oganes	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	New Age Properties, Inc - OK corp owned 100% by my wife. I am a non-voting secretary.	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Conflict Managed

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Conflict Managed
Awan	Farrukh	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Epizyme	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Awosogba	Olufunke	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Thrive 360	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Ayers	Colby	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	National Institutes of Health	Conflict Managed

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	Conflict Managed
Ayhan	Fatma	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Neurocrine Biosciences Inc	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Aymard	Jeremy	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas County Health and Human Services	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Bacalao	Maria	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas Museum Of Art	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Approved (OAE)
Bachoo	Robert	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Curadev Pharma	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Conflict Managed

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed
Baek	Peter	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Vigilant Software	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	COI Identified - Committee Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	COI Identified - Committee Review
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$0	COI Identified - Committee Review
Bagen	Lisa	1370PN-CLIN DATA SPEC PN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Velocity Neuro LLC	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	N/A
Bagley	Carlos	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Stryker/K2M	COI Identified - Committee Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	COI Identified - Committee Review
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$20,000 - \$40,000	COI Identified - Committee Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Baig	Mirza	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cook Medical LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bailey	Lauren	U5602-CLIN STF PHARMACIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Walgreens	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bailey	Rachel	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Neurogene	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Taysha Gene Therapies	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	Unknown, dependent on Inventor Distribution following UTSW sellout of Taysha Shares	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	CMT4B3 Research Foundation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Baker	James	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of Texas Dell Medical School	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Balasubramanian	Bijal	785VF- ADJUNCT ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	UTHealth	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Baldovsky	Michael	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PemQBook, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Balzen	Kennedy	1370-CLIN DATA SPEC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Coaching For Academic Success	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Banda	Faith	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Urgent Care for Kids	OAE Denied
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Denied
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	OAE Denied
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$60,000 - \$80,000	OAE Denied

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Banerjee	Subhash	710CS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	LIVMOR Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cordis Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AngioSafe	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Baniasadi	Hamid	740RS- INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hamid Metabolomics LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Hamid Metabolomics LLC company</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (No activity planned)</p>	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Bansal	Bharati	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PEMQBook LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Barbera	Tyonn	1757-LEAD NON-PHYSN PROVIDER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boehringer Ingelheim (Phil) Inc	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	COI Identified - Committee Review

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Barkley	Benjamin	0567-ASSIST DIR CLIN FACILITIES OPS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Near Southdide Inc and Historic Southside Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Barlow	Sarah	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Obesity Society	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Barnard	Carson	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Southwest allergy and asthma center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Barnard	Jeffrey	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	private forensic consulting by self approved by commissioners court	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	jeffrey barnard m.d.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Southwest transplant alliance	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Barnes	Kevin	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ideal Image	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Barr	John	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	MicroVention Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Silver Bullet Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	stock options	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$500,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Spine Wave Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stryker Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Barth	Bradley	790CN- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Phelan Tucker Law LLP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bartlett	Miles	RASSO-RESEARCH ASSOCIATES	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Arlington	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bartolome	Sonja	0966-ASSOC VP AMB QUAL OUTCOMES	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	J and J pharmaceuticals	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Bassel-Duby	Rhonda	710RS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Exonics/Vertex	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Batjer	Henry	760WO-PROFESSOR EMERITUS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Accreditation Council for Graduate Medical Education (ACGME)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Rhoades Mckee Attorneys	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Batra	Kiran	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ICON Medical Imaging- Beacon Bioscience Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Beans	Samantha	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Parkland Health and Hospital System	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Beauchamp	Joe	0499-DIR ACAD TECHNL SVCS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Brigade Management, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$60,000 - \$80,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Beaver	Allison	1041-CLIN RN ADMNTR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NeoTract Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Becker	April	787VF- ADJUNCT INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of North Texas	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	OAE Approved

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	our combined salaries per year falls between 120k and 140k (depending on summer teaching)	OAE Approved
Bedimo	Roger	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ViiV Healthcare Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$5,000 - \$10-000</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Merck Sharp & Dohme Corporation</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Beg	Muhammad	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cancer commons	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Belaineh	Dagmawit	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Woman's University	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Approved (OAE)
Bell	Kathleen	705TT- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	DME Exchange of Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Moss Rehabilitation Research Institute	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Helius Medical	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$0	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Avanir Pharmaceuticals</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	EksoBionics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bell	Lauren	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Disney	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Norwegian Cruise Line	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ExxonMobil	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Berkshire Hathaway	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Moderna	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AstraZeneca Pharmaceuticals LP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Nio	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Apple	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Bennett	Kara	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic PLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck Sharp & Dohme Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Avita Therapeutics, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kimberly-Clark Corp.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boston Scientific Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Bermas	Bonnie	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UptoDate	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Approved (OAE)
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$10,000 - \$20,000	Approved (OAE)

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Berry	James	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Anesthetic Gas Reclamation, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AGR Medical Gas, LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Berry	Jarett	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Cooper Institute	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Creative Educational Concepts	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Beshay	Victor	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	DFW Center for Fertility & IVF	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	120000.00	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bezan Petric	Ursa	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pegasus Water Polo Academy Coach	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Bezprozvanny	Ilya	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Peter the Great St Petersburg Polytechnical Univeristy	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bhai	Salman	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kaba Fusion	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medical surveys	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Billings	Amanda	0270-VP DEVELOPMENT & ALUMNI REL	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Big Bend Conservancy	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Billings	Latresa	U5603-CLIN PHARMACY COORD	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Walmart/Sam's Club Pharmacies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Society of Health System Pharmacist	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Birch	David	784VF- ADJUNCT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AGTC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Nacuity	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ProQR	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Roche-4D	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Editas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Birch	John	780VF- CLINICAL PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Orthofix International NV	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$150,000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Bird	John	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Novartis	COI Identified - Retrospectice Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospectice Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Retrospectice Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	COI Identified - Retrospectice Review

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	DBV Technologies	COI Identified - Retrospective Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospective Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Retrospective Review
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	COI Identified - Retrospective Review

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AllerGenis	COI Identified - Retrospectice Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospectice Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Retrospectice Review
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	COI Identified - Retrospectice Review

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Before Brands, Inc	COI Identified - Retrospective Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospective Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Retrospective Review
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	COI Identified - Retrospective Review

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	HAL Allergy B.V.	COI Identified - Retrospective Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospective Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Retrospective Review
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	COI Identified - Retrospective Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Birmingham	Ashley	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	OB Hospitalist Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bistransin	Katie	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Health Presbyterian Hopsital Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Blackburn	Kyle	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Genentech	Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Blair	Roger	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Law Offices of Chandler L. Grisham, PLLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Blais	Victor	5870-PhD STU APPL CLIN RESCH SHP	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	YMCA	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Blanco	Juliet	0949-DEPT ADMNTR - BASIC SCI & CTR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Longhorn Pizza, Inc. (Domino's)	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Blomquist	Preston	710CS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Ophthalmological Society	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bobilev	Anastasia	4416-RESCH TECHN I	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	mylifelQ	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Volunteer Now	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	internship with local attorney, Shajine Blake	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Precision Research	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bonebrake	Tracy	4380-OPS PRGM MGR HEMOPHILIA CTR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	uniQure, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Genentech Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Takeda, Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Borek	Dominika	720RS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ligo Analytics	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	Conflict Managed

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>SBGrid Consortium</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Twinstrand Biosciences	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	over \$100,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Borys	Katarzyna	9157-GRANTS & CONT SPEC SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Agrafilms, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bosler	Katherine	4374-CLIN RESCH COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sincerely Staton Photography	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bower	Joseph	5895-GSR - Cancer Biology	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Apple Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Boys	Ian	5888-GSR - Immunology	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bristol-Myers Squibb Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Bradley	Sarah	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Orthofix International NV and Telos consulting	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	full salary from Telos	No Conflict Identified
Brainerd	Jordan	9949-TEMPORARY STAFF SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Visiting Nurses Association	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Brasier	Cynthia	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas Independent School District	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Brautigam	Chad	710RS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tsinghua University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	BridgeBio Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Brekken	Deirdre	0310-ASSOCIATE DEAN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbVie Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Synergys Biotherapeutics Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of Bergen	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Abbott Laboratories	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson & Johnson	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Vigeo Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Brekken	Rolf	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Vigeo Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Synergys BioTherapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of Bergen	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AbbVie Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$10,000 - \$20,000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott Laboratories	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson & Johnson	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Brewington	Cecelia	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	BRACCO DIAGNOSTICS INC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Brodrick-Donohue	Angela	10137-DIR ADMTV DEV AND SUPP SVCS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	National Oil Well	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Southwest Airlines	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amazon	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Facebook	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Livong health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Teledoc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Bromberg	Raquel	786VF- ADJUNCT ASST PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ligo Analytics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	Full-time salaries for myself and my spouse, ~230K combined	No Conflict Identified
Brown	Bruce	692-ASSOC VP SFTY & BUS CNTNTY	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Campus Safety Health and Environmental Management Association	Supervisor Approval Sought
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Supervisor Approval Sought
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Supervisor Approval Sought

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>Supervisor Approval Sought</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>The University of Texas Health Science Center at Houston School of Public Health</p>	<p>Under COI Office Assessment</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>Under COI Office Assessment</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Non-UTSW Faculty Appointment</p>	<p>Under COI Office Assessment</p>

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	Under COI Office Assessment
Brown	Charles	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American College of Obstetricians and Gynecologists (ACOG)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$5,000-\$10,000	No Conflict Identified
Brown	Edson	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Academy of Consultation Liaison Psychiatry	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medscape Education	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sage Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Brown	Elaine	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pediatric Urgent Care of Denton	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Brown	Elizabeth	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
Brown	Huong	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Access Private Medicine	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	200,000	No Conflict Identified
Brown	Michael	710RS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Regeneron Pharmaceuticals Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	NGM Biopharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Kallyope Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Brown	Patrick	740CN-INSTRUCTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Global Medical REIT, Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson & Johnson	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Neoleukin Therapeutics, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	OPKO Health, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	SMED Sharps Compliance Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Brown	Roz	4374-CLIN RESCH COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	A-Rise	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Brown	Tina	U6008-RN PRACTITIONER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Impact Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	United States Department of Health and Human Services	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Brown	Tracy	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	parkland hospitalna	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Browning	Jeffrey	705TT- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Novo Nordisk	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Browning	Travis	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Change Healthcare Technologies LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Epic	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Brugarolas	James	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Exelixis Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Bruick	Richard	784VF- ADJUNCT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Bruscato	Bryan	U1683-NEURODIAGNOSTIC TECH I	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	neurology consultants of dallas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$40,000 - \$60,000	No Conflict Identified
Bufis	Stephanie	U6025-RN FLOAT LEVEL 3	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Modoma	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Burgess	Katy	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	GENZYME CORPORATION	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bristol-Myers Squibb Company	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Biogen Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	EMD Serono Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Burgess	Shawn	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Burstein	Ezra	790TT- PROFESSOR & DIVISION CHIEF	13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alimentiv	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Burton	Heidi	545-NURSE ANESTHETIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Young Professional Services	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Sovereign Anesthesia	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Busch	David	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NFOSYS	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Bush	Amanda	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Acessa Health Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Bushong	Debra	4367-MGR CLIN RESCH	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas State Board of Examiners of Professional Counselors	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Buszczak	Michael	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Genetics Society of America	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Butler	Ryan	730RS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Taysha Gene Therapies, Inc.	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	Conflict Managed
Byerly	Stephanie	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stephanie I Byerly, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Caciopoli	Lauren	1037-RESCH RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Novocure	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Cadeddu	Jeffrey	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Levita magnetics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	monarch bioimplants	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Onconano	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$60,000 - \$80,000	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Histosonics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Caetano	Raul	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Rutgers, The State University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pacific Institute for Research and Evaluation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
Cai	Bin	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Reflexion Medical	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Cai	Casey	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas County Health and Human Services	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Cai	Chunyu	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pathology outlines	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Cai	Feng	4405-RESCH SCIENTIST SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Shandong University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10,000	No Conflict Identified
Callahan	Kyle	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ortho to Go, PLLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Callicott	Ralph	0563-ASSOC DIR ARC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AAALACi	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$5,000-\$10,000	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Univeristy of North Texas Health Science CTR	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Nanoscope Technologies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Orano Med	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Calvier	Laurent	740RS- INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Reelin Therapeutics	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	Conflict Managed
Campbell	Courtney	1757-LEAD NON-PHYSN PROVIDER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Faulty member of Baylor Nursing School	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Canas	Angela	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hispanic Neuropsychological Society	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Angela Canas, PhD, LP	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Cantanelli	Sheeba	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Journal of the Advanced Practitioner in Oncology (JADPRO)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
Cantarel	Brandi	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Genformatic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Cao	Jing	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Lafayette Pain Care In-House Labs	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Caraballo	Michelle	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Crain Brogdon Rogers, LLP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Carias	Edson	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	General Electric	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Carl	Christopher	4415-RESCH TECHN II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Scribe.ology	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	Under COI Office Assessment
Carlson	Christy	4414-RESCH ASSIST I	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Worth Love Ministries, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Primary employment is a Non UTSW position</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$5,000 - \$10-000</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Robinhood Investing</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	eOptions/Hill Top Securities	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Carmichael	Xaidee	U5601-DIR PHARMACY SVCS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbVie Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Carmody	Thomas	710RS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Moderna	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
Carr	Christian	RES- RESIDENTS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Brigham Young University - Idaho	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Richland College	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Carrillo	Deyssy	1650-HISTOLOGY TECHN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Children's Health Medical Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	No Conflict Identified
Carroll	Angela	4409-RESCH ASSOC SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas Southwestern Medical Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Carter	Bart	10011-ASSIST VP ARC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AAALACi	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
Carter	Kathryn	9007-ADMNTV COORD	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Restoration Charities	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Casey	Lisa	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Board member of Texas Society for Gastroenterology and Endoscopy - GI subsection of the Texas Medical Association	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Castillo	Pedro	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Few (10) shares of Moderna stock traded on TD Ameritrade	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Castillo	Ruben	U6227-DIR MED SRVCS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Nurses Association - District 4	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Castrillon	Diego	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	BluePrint Oncology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Castro	Diana	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ology medical education	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Chabiniok	Radomir	730RS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Czech Technical University in Prague	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	School of biomedical Engineering & Imaging Sciences, King's College London	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	French National Institute for Digital Sciences (Inria)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Chahrour	Maria	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AM Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
Chambers	Rashida	9855-BUS ANLST SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sentara	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Chamblee	Socorro	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Health Surgery Center Craig Ranch	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	I am waiting for a current valuation of interest.	No Conflict Identified
Champine	Julie	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Orthopaedic Associates	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Institute of Surgery	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$200,000	No Conflict Identified
Chan	Christina	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Avelos Bioscience	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AKSO Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Galera Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Apexigen Incorporated	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Chan	Linda	U6035-RN II	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas Chapter Oncology Nursing Society Board Member	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Chanda	Shaazia	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Parkland Hospital	OAE Denied
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Denied
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	OAE Denied
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	OAE Denied

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Chang	Jonathan	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Department of Veterans Affairs	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	306000	No Conflict Identified
Chang	Stephanie	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	McGraw-Hill Education	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
Chapman	Alexandra	1026-ADV PRAC RN	28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Chappidi	Sruthi	4804-POSTDOCTORAL RESEARCHER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Charles	Lakeesha	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Charles Community Counseling Center, PLLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Chaudhary	Usamah	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	restor3d, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Chen	Chuo	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ImmuneSensor Therapeutics	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Conflict Managed

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$60,000 - \$80,000	Conflict Managed
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	Conflict Managed
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$555000	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	King Abdullah University of Science and Technology (KAUST)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$0	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Chinese Academy of Sciences	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$0	No Conflict Identified
Chen	Jin	730TA- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Column Group, LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	shares	No Conflict Identified
Chen	Mingli	4405-RESCH SCIENTIST SR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ACCURAY INCORPORATED	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Chen	Xin	730RS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NEUROGENE INC	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Neurogene	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	Under COI Office Assessment

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Taysha	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Under COI Office Assessment
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	Under COI Office Assessment
Chen	Zhijian	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Brii Biosciences	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Drug Farm Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$40,000 - \$60,000</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>ImmuneSensor Therapeutics</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Genor Biopharma Holdings Limited</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	VIB - Center for Inflammation Research	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>IASO Biotherapeutics</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Cheng	Edaire	782VF- CLINICAL ASST PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Janssen Pharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$60,000 - \$80,000	No Conflict Identified
Cheng	Gloria	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Fresenius Kabi USA LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	greater than \$100,000	No Conflict Identified
Cheng	Jonathan	710CN- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Nerves Incorporated, Inc.	Review Complete - Mgmt. Plan Issued
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Review Complete - Mgmt. Plan Issued

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Review Complete - Mgmt. Plan Issued
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	Review Complete - Mgmt. Plan Issued
Cheng	Qiang	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ReCode Therapeutics	Review Complete - Mgmt. Plan Issued
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Review Complete - Mgmt. Plan Issued
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Review Complete - Mgmt. Plan Issued
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Review Complete - Mgmt. Plan Issued

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Cheng	Raymond	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for your convenience.	I have a ROTH IRA account that holds 16 shares of SRPT, 34 shares of ACAD, and 5 shares of CRSP, which are pharmaceutical companies. I also have an investment account that holds 15 shares of MRNA, 202 shares of CVS, 24 shares of MDT, 9 shares of HCA,	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Cheruku	Sreekanth	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sri Venkateswara Institute of Medical Sciences (SVIMS)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Gifts Valued at Greater Than \$50	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cockerell Medical Office	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Chew	Ivan	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Magellan Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Chiang	Cheng-Ming	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	EMD Millipore Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Acrive Motif	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Flagship Pioneering	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Chiang	Jui-Chung	0802-VISITING JUNIOR RESEARCHER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Taiwan Ministry of Science and Technology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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Chin	Kelly	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Acceleron Pharma	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Chinnappan	Mahendran	750WO- ASSISTANT INSTRUCTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Chase Bank	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Gifts Valued at Greater Than \$50	No Conflict Identified

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Chiong-Rivero	Horacio	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	online medical surveys	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Genentech USA Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Chitnis	Shilpa	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Skypass Foundation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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Chiu	Ilene	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stryker Corporation	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	OAE Approved

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			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	OAE Approved
Chiu	Michael	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cigna Physician Advisory Council	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Choi	Changho	710RS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Agios Pharmaceuticals	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Conflict Managed
Choi	Kyungsuk	4406-RESCH SCIENTIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Great Tree Korean School	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Cholka	Agnieszka	4409-RESCH ASSOC SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	K-Lily LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Chong	Benjamin	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Lupus Foundation of America - Lone Star Chapter	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Viela Bio	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ICON Medical Imaging/Beacon Bioscience	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bristol-Myers Squibb Company	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Principia Bio</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	EMD Serono Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Chong	Hyemi	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas A&M College of Medicine	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Chong	Pearlie	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Infectious Diseases Society of America	Approved (OAE)

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Approved (OAE)
Chook	Yuh Min	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Karyopharm Therapeutics Inc.	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Faze Medicines (previously Small Molecule RNA Co., Inc.)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ST. JUDE CHILDREN'S RESEARCH HOSPITAL	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Faze Medicines	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$40,000 - \$60,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Chopra	Rajiv	710RS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	FUS Instruments Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Solenic Medical Inc	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	Conflict Managed
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Chow	Timothy	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American College of Allergy, Asthma, and Immunology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Choy	Hak	760WO-PROFESSOR EMERITUS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AstraZeneca Pharmaceuticals LP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Merck Sharp & Dohme Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Magnetic Imaging Therapy	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Texas Radiotherapy Innovation Optimization</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Mevion Medical Systems	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Ciarolla	Alexa	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Western Pacific Hematology Oncology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Clayton	Charles	8109-TRNG SPEC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	A180 Enterprises LLC	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Cleaver	Ondine	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Elsevier, Developmental Biology	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	Approved (OAE)

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Cobanoglu	Murat Can	0913-UTSW DISTINGUISHE D FELLOW	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Asclepiad, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>Unknown.</p> <p>Depends on whether the startup can attract investment funding.</p>	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	<p>Unknown. If the drug patents are sold, it can be very high. If the drug IP is not sold, it can be nil.</p>	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	<p>Unknown.</p> <p>Depends on whether the startup can attract investment funding.</p>	No Conflict Identified
Cobb	Melanie	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>stemsynergy therapeutics, incorporated</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Institute for Research in Immunology and Cancer (IRIC)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (No activity planned)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Nebraska Center for Molecular Target Discovery and Development NIGMS COBRE</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of New Mexico Comprehensive Cancer Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Norris Cotton Cancer Center, Dartmouth	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	OAE Approved
Coble	Joshua	9262-MGMT ANLST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Association of Academic Surgical Administrators	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$0	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Coffey	Amy	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cook Children's Pediatric Surgery Center	Assessing
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Assessing
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Assessing
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$200,000	Assessing
Cohen	Jonathan	710TT- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cognition therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Cohenour	Shawn	420-DIRECTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	LytEn, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$112,500	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Phenix IV Investors, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Carleton-MR Grand Prairie Partners II, LP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$155,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Carleton-MR Grand Prairie Partners II, LP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$150,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Delta Airlines Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amazon	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Apple Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
Coker	Jonathan	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Qualia Oto	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Workrise Technologies Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	200000	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	125 non-vested stock options of unknown value given as an employee benefit.	No Conflict Identified
Coldren	Amanda	755WO-FACULTY ASSOCIATE	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas Learning Partners (previously named: Academic Independence)	Supervisor Approval Sought
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Supervisor Approval Sought

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	Supervisor Approval Sought
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Supervisor Approval Sought
Cole	Danielle	U5525-MED TECHNGST TRANSFUSION SRVCS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	METHODIST RICHARDSON MEDICAL CENTER	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	not sure	No Conflict Identified
Coleman	Jayne	710CN- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Digestive Health Associates of Texas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
Collins	Robert	710TS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ro5, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	Stock Options	No Conflict Identified
Comerford	Sarah	730RS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AbbVie Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Lacerta Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Mitsubishi Tanabe Pharma Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Wave Life Sciences Ltd	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Excure Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Institut de Recherches Internationales Servier	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ELI LILLY AND COMPANY	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$5,000 - \$10,000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Conaway	Joan	0384-VICE PROVOST & DEAN BASIC RESC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Society for Biochemistry and Molecular Biology (ASBMB)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	City of Hope Irell & Manella Graduate School of Biological Sciences	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Institute for Genetics and Molecular and Cellular Biology (IGBMC)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Annual Review of Biochemistry	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Connelly	Kara	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cook Children's Medical Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Constable	Sandra	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Viacyte, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
Conzen	Suzanne	790TT- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	EtiraRX Scientific Board	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Cooper	M. Brett	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of Houston Medical School	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Cooper	Michael	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	PEMQBOOK, LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Copenhaver	Steven	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	pediatric pulmonary and sleep specialists	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Primary employment is a Non UTSW position</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Speaking, Training, or Proctoring</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Travel required for any activity/interest</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>> 100,000</p>	<p>No Conflict Identified</p>

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
Corey	David	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Aligos	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Cornwell	Connie	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Private practice- Connie S. Cornwell	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Corona	Rebecca	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Los Barrios Unidos Community Clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas County Juvenile Department Youth Services Advisory Board	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Costa	Daniel	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PROFOUND MEDICAL INC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Costello	Whitney	5890-GSR - Molecular Biophysics	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Precision Research	OAE Denied
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Denied
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	OAE Denied
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	OAE Denied

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Courtney	Daniel	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Attune Medical	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Northwest Seminars	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Nabriva	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Courtney	Kevin	720CS-ASSOC PROFESSOR	<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Athena Diagnostics, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	OAE Approved

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	OAE Approved
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	OAE Approved
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	122,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Exelixis Inc	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Cox	Andranecia	1035-RESCH RN SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bombshells	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Cox	Erin	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>International Association of Eating Disorders Professionals (iaedp) DFW Chapter</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medical Minds Matter	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Cox	John	780VF- CLINICAL PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Oncology Foundation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amgen Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck Sharp & Dohme Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
Cox	Kimberly	0590- CONTRACTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Southern Methodist University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Randolph Macon College	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	No Conflict Identified
Crawford	Shellye	1757-LEAD NON-PHYSN PROVIDER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	texas womens university	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Crowder	Christian	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pace University NYC	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Arlington	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Cruz	Ponciano	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Mary Kay Corporation	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Reliable Clinical Testing Service	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10,000	No Conflict Identified
Cullum	C Munro	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NIH Study section	Approved (OAE)

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Approved (OAE)
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pearson, Inc.	Approved (OAE)

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Approved (OAE)
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sports Neuropsychology Society	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Speaker fees for the International Neuropsychological Society	Approved (OAE)

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	Approved (OAE)
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Paul, Weiss, Rifkind, Wharton & Garrison, LLP	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Culpepper	Susan	1759-CERT RN MIDWIFE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Parkland Health and Hospital System	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Cunningham	Gary	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	McGraw Hill Publishing company	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$10,000 - \$20,000	No Conflict Identified
Curry	Karrie	4374-CLIN RESCH COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tarrant County College District	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Cuthbert	Jennifer	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Maia Biotechnology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Telos	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$0	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Reata Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Barricade Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Da Cunha Pinho	Marco	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ABC Medical Education	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Daescu	Victor	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Child Neurology PLLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Daetwyler	Stephan	4804- POSTDOCTORAL RESEARCHER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Swiss National Science Foundation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Teledyne Photometrics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
DAHSHI	SAMER	4472-MGR GMP OPS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Taysha Gene Therapies	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Dakil	Suzanne	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medline Industries Inc	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	300000	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Daniel	Cindy	4367-MGR CLIN RESCH	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cerveau LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Daniel	William	0208-VP & CHIEF QUALITY OFCR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Emerge Clinical Data Solutions	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Daniels	James	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic Inc	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	Conflict Managed

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$0	Conflict Managed
Danuser	Gaudenz	705TT-PROFESSOR & CHAIR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Glencoe Software, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Keeneye Technologies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Allen Institute for Cell Science</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Dao	Kathryn	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	medstudy	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	RheumNow	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Das	Rohit	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	concentra	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Dauer	William	706TT- PROFESSOR & DIRECTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Avrion Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Dave	Hina	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Epilepsy study consortium	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	I receive no funds for my current position. I do plan to work for this entity in reviewing clinical trial forms.	No Conflict Identified
Davenport	Emily	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Direct Orthopedic Care	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Davenport	Owen	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Mueller, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	35,000,000.00	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
David	Lebanon	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Parkland Hospital	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	No Conflict Identified

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Davidovsky	Dana	4411-RESCH ASSOC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Anshai Torah Religious School	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Davies	Ryan	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ABIOMED	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	COI Identified - Committee Review

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott Laboratories	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	COI Identified - Committee Review

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	unknown, depends on need for proctoring	COI Identified - Committee Review
Davis	Kathryn	730RS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Katie Davis & Company	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Day	Cathy	8102-PRGM COORD SR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas Chapter of the Texas Academy of Family Physicians	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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De Brabander	Jef	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Reata Pharmaceuticals, Inc.	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	Conflict Managed
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	4,200,000	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Barricade Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Lydian Neurosciences	Conflict Identified - eReview (NIH
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Identified - eReview (NIH
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Identified - eReview (NIH
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Investments	Conflict Identified - eReview (NIH

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	Conflict Identified - eReview (NIH
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	Conflict Identified - eReview (NIH
De Las Casas	Luis	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Intuitive Surgical Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
De Lemos	James	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amgen Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Brigham and Women's Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ortho Clinical Diagnostics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Quidel Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Regeneron	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Novo Nordisk AS	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ELI LILLY AND COMPANY	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Baim Institute	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Siemen's Health Care Diagnostics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	St. Luke's Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	CPC Clinical Research	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Dean	Kevin	730RS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Discovery Imaging Systems, LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$0	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	3i	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Deatherage	Martin	7024-MGR FAC PRAC FINA AFF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Dallas Irving, TX	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Dedmon	Sunny	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Nuovo Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Deets	Alegandro	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ryan White Planning Council of The Greater Dallas Area	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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Dekleva	Kenneth	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>AI Nexus, Streamwood, IL 60107 USA</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	George HW Bush Foundation for US China Relations	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
dela Cruz	Adriane	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Nexus Recovery Center Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Delgado-Ayala	Mauricio	710CS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Allergan Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ipsen Biopharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Ipsen Innovation</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Alima Management Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (No activity planned)</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>The Catholic Foundation</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Dellinger	Michael	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Lymphatic Malformation Institute	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Deng	Jie	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	iCoreMed Technology and Service LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Denke	Linda	U5705-DIR NRS RESCH	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Wilkes University On-line; National Alliance of Mental Illness Board of Directors	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Dennis	Vicki	10098-ASSOC VP O'DONNELL BRAIN INST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Legends Homeowner Association Board	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Denton	Kristin	RESCO- RESEARCH STUDY COORDINATOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Scottish Rite Hospital for Children	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	No Conflict Identified
Deonarine	Christopher	1757-LEAD NON-PHYSN PROVIDER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pulmonary Medicine Consultants	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Envision Physician Services previously EmCare	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Desai	Alap	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	My wife is a fellow at UTSW	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Desai	Dev	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Gerson Lehman Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Desai	Kajal	U1237-ASSIST VP RADIATION ONC SVCS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Magnetic Imaging Technology, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Radiotherapy Innovation & Optimization, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified

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Desai	Neil	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boston Scientific Corporation	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Med Learning Group	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Desai	Seemal	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Galderma Laboratories LP	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ortho Dermatologics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Skinceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dermira	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Almirall	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dermavant Sciences	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Scientis	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Verrica Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Foamix	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ferndale Laboratories	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Avita	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Gore Range Capital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Incyte Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bristol-Myers Squibb Company	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	UCB Biosciences Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Womens Derm Society	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	EPI Health LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Skin of Color Society	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Academy of Dermatology (AAD/A)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Global Vitiligo Foundation (GBF)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Desai	Shivani	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Volunteering with medical students at Brother's Bills Helping Hands Free Clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Devahl	Julie	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	CIAO Seminars	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Devlin	Anne	5880-GSR - Biological Chemistry	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Devroe	Dollie	U3133- PERSPECT PYMT SYS COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Methodist Dallas Medical Center	OAE Denied
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Denied
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	OAE Denied
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	OAE Denied

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Dewey	Richard	750WO-ASSISTANT INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
		710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Miscellaneous online surveys	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amneal Pharmaceuticals LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Acorda Pharmaceuticals</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Cala Health</p>	COI Identified - eReview
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	COI Identified - eReview

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - eReview
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	COI Identified - eReview
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Master's University and Seminary	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Acorda Therapeutics Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Dhar	Archana	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tricoeur Group (LLC)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified
Diamond	Marc	706TT- PROFESSOR & DIRECTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Washington University in St. Louis	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$20,000 - \$40,000	Conflict Managed

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Dias	Katrin	VOL-VOLUNTEER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic Vascular Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	Salary	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Dickerson	Kathryn	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bluebird Bio, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Diercks	Deborah	705TT- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Board of Emergency Medicine	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Association of Academic Chairs in Emergency Medicine	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Emergencies in Medicine	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Northwest Anesthesia Seminars	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UptoDate	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Under COI Office Assessment
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Under COI Office Assessment
Diercks	Lauren	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	EchoSense	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Diesen	Diana	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Board of Surgery	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$0	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Dimitrov	Ivan	785VF- ADJUNCT ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Philips Electronics North America Corporation	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	165000	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Ding	Kan	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	SK life science	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Dinh	Kristina	U5602-CLIN STF PHARMACIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Methodist Mansfield Medical Center	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Dixon	Danielle	4413-RESCH ASSIST II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Life Time Fitness Incorporated	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Dobbins	Kimberly	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	BasePoint Psychiatry LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	250000	No Conflict Identified
Doggett	Hannah	4411-RESCH ASSOC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	World Flix (WRFX)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Turning Point	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Dominguez	Arturo	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Vemidoc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Donegan	Connor	CONSU-CONSULTANT	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
Donnelly	Linda	1897-MGR LAB	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	UT Southwestern Bryan Williams Center	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	UT Southwestern Medical Center- Office of Technology Development	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Dontes	Arnim	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sarnoff Cardiovascular Research Foundation	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	N/A

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	N/A
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	N/A
Doolabh	Neelan	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	KLS Martin	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Dott	Daltry	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Krueger Law Group, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Doucette	David	1057-AMB RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	BrightStar Home Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Dowell	Jonathan	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Mirati Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Dowling	Michael	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson & Johnson Pharmaceuticals	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Draganic	Keri	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Arlington	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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Drazner	Mark	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Heart Failure Society of America	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
Drummond	Shaina	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas County Medical Society	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Drury	Donna	0420-DIRECTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	MTF Biologics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Eye Bank Association of America (EBAA)</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	LifeNet Health	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Dryden	Phillip	4414-RESCH ASSIST I	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Freelance Writing	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Dumesnil	Dennis	HH107-RESEARCH TECHNICIAN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Eurofins Viracor Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Dunbar	Kerry	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Board of Internal Medicine Gastroenterology Exam Committee	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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Dunbar-Garrett	Misha	0544-SENIOR STAFF VETERINARIAN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	DFW Dawg Life	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Duong	Karen	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Frontier Psychiatry	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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		730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	North Texas State Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$251,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Frontier Psychiatry	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Duval	Tara	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Advance Medical	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Echebiri	Nnaemeka	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	JAMEX Texas Holdings, LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Eder	Kelly	545-NURSE ANESTHETIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Epic Solar Control, LLC with sister company Epic Flat Glass, LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	200000	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	Unsure	No Conflict Identified
Edgar	Veronica	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Board of Clinical Neuropsychology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hispanic Neuropsychologic al Association	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ninos Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Edwards	Elizabeth	0946-DEPT ADMNTR - CLINICAL	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Brazos Street Market</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Elamir	Ahmed	4804- POSTDOCTORAL RESEARCHER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	School of Medicine, Cairo University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Eldridge	Leigha	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Scottish Rite Hospital	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Elliott	Kristina	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	International Society for Plastic and Aesthetic Nurses	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Elmquist	Joel	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Beth Israel Deaconess Medical Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	eLIFE	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	Approved (OAE)

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Emslie	Graham	710TS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	H Lundbeck A S	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Neuronetics Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Enemo	Ekene	4415-RESCH TECHN II	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	324 Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ekene C. Enemo Global Foundation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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England	Victoria	0998-ASSOC CNO - NRS G EXCELLENCE	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Elsevier Clinical Solutions	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas Fort Worth Great 100 Nurses Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Engle	Caroline	U4512-REG DIETITIAN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Aramark - Baylor Scott and White	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Entzminger	Paul	RESCO-RESEARCH STUDY COORDINATOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Academic Language Therapy Association	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	N/A

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Enwerem	Ngozi	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	CapsoVision Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Eppinger	Gayla	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baylor University Louise Herrington School of Nursing	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Espinosa-Becerra	Felipe	4405-RESCH SCIENTIST SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Non-Professional Subscriber in Ameritrade	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Esquivel	Ruben	250-VICE PRESIDENT	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Oak Cliff Lions Club Endowment Trust	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Evans	Amanda	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Doximity, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$10,000 - \$20,000	No Conflict Identified

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Evans	Sean	4377- RESEARCH STUDY COORDINATOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Outlines Mens Clothing	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Evans	Walter	790CN- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American College of Radiology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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Evers	Bret	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas College of Osteopathic Medicine--UNT	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

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Eversole	Teresa	4362-MGR RESCH PRGMS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>YMCA of Metropolitan Dallas</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Part-Time Employment or PRN Work</p>	No Conflict Identified

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Falck	J	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	OMEICOS Therapeutics, GmbH	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$0	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	CMXTWENTY, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Farkas	Linda	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Merck Sharp & Dohme Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American College of Surgeons	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Farkash	Sarah	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Epic (EMR)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Faulkner	Christopher	9431-MGR EDU TECHNGY	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of North Texas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Apple Inc.	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	Under COI Office Assessment
Fay-Randall	Lisa	1035-RESCH RN SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Women's University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified

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Feeler	Anne	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American College of Surgeons: National Trauma Data Standard Committee Member	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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Felton	Kevin	787VF- ADJUNCT INSTRUCTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Texas Occupational Therapy Association</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Covered Family (A family member performs the activity or maintains the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Texas Scottish Rite Hospital for Children</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Primary employment is a Non UTSW position</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$120000	No Conflict Identified
Feng	Sing-Yi	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	PEMQBook LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Challenger Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Fernandes	Neil	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Neoleukin Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Aptose Biosciences	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	>\$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Aurinia Pharmaceuticals	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	>\$100,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Exelixis Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	>\$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	CohBar, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Esperion Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Oncolytics Biotech	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Fernandez	Ernesto	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Clinical Pediatric Associates	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Primary employment is a Non UTSW position</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>200000</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Southwestern Diabetic Foundation</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Woodhill Medical Park</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Fetzer	David	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Philips Ultrasound, inc	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	COI Identified - Committee Review
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	COI Identified - Committee Review
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Philips Ultrasound, Inc.	COI Identified - Committee Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	COI Identified - Committee Review
Figueroa	Abner	9303-MGR INFO RESRC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Community Science Institute	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Community Science Institute	Supervisor Approval Sought
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Supervisor Approval Sought

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	Supervisor Approval Sought
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	Supervisor Approval Sought
Filkins	Laura	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Avsana	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	restricted stock	No Conflict Identified
Finklea	James	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Expert Connect	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Deerfield Institute	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	M3 Global Research	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Doctors in Training	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AlphaDetail	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Focus Vision	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Reckner Healthcare	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Qessential Medical Market Research	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Innovation Lab	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Suazio	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Fiolka	Reto	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Intelligent Imaging Innovations, Inc.	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed
Fisher	Kaylyn	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medical City Arlington and Medical City Grand Prairie (ER staffed by Envision Healthcare)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Fiske	Jessica	0946-DEPT ADMNTR - CLINICAL	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	US NAVY	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$5,000-\$10,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Fitz	John	0503-SPECIAL ASST TO THE PRESIDENT	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PPD Development LP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Fitzgerald	John	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PFIZER PHARMACEUTICALS LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	501,000	No Conflict Identified
Flores	Ester	4413-RESCH ASSIST II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Central Hemophilia Association	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Flores-Rodriguez	Carlos	5005-PROJ MGR FAC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Flores Tinoco Inc.	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	N/A
Floyd	Thomas	710TS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NFOSYS, Inc	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Conflict Managed
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	Conflict Managed

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	MALLIOS & ASSOCIATES, P.C. Attorneys at Law	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Forbes	Kathryn	4377- RESEARCH STUDY COORDINATOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pure Barre Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Foster	James	10110-DIR PROJ MGMT & INFRMCS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Collin Collge	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Fox	Amanda	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Society of Cardiovascular Anesthesiologists	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	<p>as of now everything is virtual</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Society of Cardiovascular Computed Tomography</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Covered Family (A family member performs the activity or maintains the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	presently meeting virtually	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Society of Cardiovascular and Thoracic Anesthesiologists	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Fox	Tiffani	8114-REGTY ASSOC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Children's Health Dallas/Plano (2nd job/prn)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Francois	Marisa	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	IES Healthcare	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Fredrich	Sarah	750WO-ASSISTANT INSTRUCTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	EDM Serano	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	OAE Approved
Friedman	Deborah	710CS-PROFESSOR	<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Duke University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Miller Medical Communications, LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Teva Pharmaceuticals USA Inc</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Impel NeuroPharma</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Supernus Pharmaceuticals Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Zosano Pharma	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed

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			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ELI LILLY AND COMPANY	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Lundbeck LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Allergan Inc/Abbvie	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Academy of Neurology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Mountain Area Health Education Center	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Headache Society	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amgen Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Forefront Collaborative	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Satsuma Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cedars-Sinai	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Neurological Society	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Diamond Headache Clinic Research & Educational Foundation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
Friedman	Ran	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Discovery Clinical Trials manages clinical site for Syneos Health	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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Frierson	Sheryl	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Vanderbilt University Education and Brain Science Research Lab	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Middle Tennessee State University, Dr. Timothy Odegard</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Conduct of Research, Not Affiliated with UTSW</p>	No Conflict Identified

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Froehlich	Thomas	780VF- CLINICAL PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	BioTheranostics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	NOVARTIS PHARMACEUTICALS CORPORATION	Review Complete - Mgmt. Plan Issued
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Review Complete - Mgmt. Plan Issued
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Review Complete - Mgmt. Plan Issued

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Frolov	Latoya	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Adjunct Assistant Clinical Professor Psychiatry Weill Cornell Medical College	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Fu	Yang-Xin	784VF- ADJUNCT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tsinghua University School of Medicine	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Fuda	Franklin	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bressler Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Fudman	David	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	Conflict Managed
Funcke	Jan-Bernd	4804- POSTDOCTORAL RESEARCHER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Deutsche Forschungsgemeinschaft (German Research Foundation, DFG)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Gaines	Kailee	U9747-CLIN PHARM SPEC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The University of Texas at Austin	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Tech University Health Sciences Center	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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Gallardo Montejano	Violeta	740RS-INSTRUCTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Worldwide Diabetes	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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Gallet	Jacqueline	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Commission on Accreditation of Medical Physics Education Programs, Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Galusha	Jeanine	782VF- CLINICAL ASST PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Mesquite Police Department	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Carrollton Police Department	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Gamez	Jacob	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbot	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Ganji	Sandeep Kuma	RASSO-RESEARCH ASSOCIATES	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Philips	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Gant	Tara	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Millenium Neonatology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$40,000 - \$60,000	No Conflict Identified
Gao	Jinming	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	OncoNano Medicine, Inc.	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$120,000	Conflict Managed

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$20,000 - \$40,000	Conflict Managed
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	Conflict Managed
Garcia	Antonio	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Careflite	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Garcia	Jessica	730CS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Garcia	Pamela	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Sound Inpatient Physicians Critical Care	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$60,000 - \$80,000	No Conflict Identified
Garcia	Rolando	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Quest Diagnostics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Gardner	Angela	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Emergency Medicine Foundation Board of Directors	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>National Emergency Medicine Political Action Committee Board of Directors</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Gardner	Kevin	710RS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Merck & Co.	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	Under COI Office Assessment
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$20,000 - \$40,000	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	City University of New York	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	Under COI Office Assessment
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	320000	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	iNEXT-Discovery	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Travel required for any activity/interest	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	Under COI Office Assessment
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	Under COI Office Assessment
Garg	Abhimanyu	710TS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AMRYT PHARMACEUTICALS INC	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	OAE Approved
Garner	Leslie	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Health Center for Diagnosis and Surgery	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$200,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Garrett	Robert	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	HCA Health Care - Green Oaks Hospital Dallas Integrated Outpatient Clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	Over \$100,000.00	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Garrett	Sonobia	4367-MGR CLIN RESCH	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	HR Block	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Garza	Erica	9007-ADMNTV COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Timber Rock House	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Garza	Sandra	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Radiology Consultants of North Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	300,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Garzon-Muvdi	Tomas	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ligand pharmaceuticals	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Gazda	Chellse	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baylor University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$60,000 - \$80,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Veterans Affairs Hospital	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Gebreyohanns	Mehari	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bahir Dar University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Gerber	David	710CS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Gilead Sciences Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Gilead Sciences Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bristol-Myers Squibb Company	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	Conflict Managed

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	CancerNet	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Clinical Care Options	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Creative Educational Concepts	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Catalyst Pharmaceuticals	OAE Denied
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Denied
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	OAE Denied
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	OAE Denied

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Proctor and Gamble	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Walgreen's	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Catalyst Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Research Advocacy Network</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	OnLive	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	Approved (OAE)
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Approved (OAE)

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Janssen Pharmaceuticals Inc	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Mirati Therapeutics, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Beigene	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Gibson	Bryan	4804- POSTDOCTORAL RESEARCHER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Millipore Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Gibson	Sarah	4377- RESEARCH STUDY COORDINATOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas Theological Seminary	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Gilbreath	Heather	1776-MGR ADV PRACTICE PROVIDERS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Society for Physician Assistants in Pediatrics - President-Elect	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Giles	Michael	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Elpidatec Inc.	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	Conflict Managed
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Gill	Jennifer	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Canfield Scientific, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Gill	Kevin	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Earthgreen Products Incorporated, Menefee Mining Corporation and Technology by Nature, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$500,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Earthgreen Products, Incorporated	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Menefee Mining Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Technology by Nature, Inc.</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Gill	Michelle	784VF- ADJUNCT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pediatric Academic Societies, Inc. (PAS Meeting)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Gilley-Avramis	Joslin	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson and Johnson	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$0	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Gilmore	Alicia	740CN- INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Academy of Nutrition and Dietetics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Gilmore	Linda	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pennington Biomedical Research Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Gimpel	Nora	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Student Run clinic Brother Bills Helping Hands</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Academic Teaching</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Gissentanner	Chiquila	9158-GRANTS & CONT SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Self employed Notary Signing Agent	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Gladnick	Brian	RESCO-RESEARCH STUDY COORDINATOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Johnson & Johnson Medical Device Companies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
Glass	Donald	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Skin of Color Society	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>GlassVue SkinCare</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Godoy	Anna Grace	8612-MKTG COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UT Southwestern CDRC Stakeholder Board	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	N/A
Goff	Heather	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kershaw Anderson, PLLC	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Goff	Kristina	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pacira Pharmaceuticals Incorporated	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Golboro	Andrew	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Goldberg	Kenneth	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Advocare International	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Flower Mound Hospital Partners	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$80,000 - \$100,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	HHB Labs LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Soundable Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Golden	Ann	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Skeletal Dynamics LLC	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Golden	Nicole	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Agape Clinic	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Goldstein	Joseph	705TT- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kallyope, Inc.	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NGM Biopharmaceuticals, Inc.	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	Not significantly different than 2019 and 2020	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Column Group	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	The amount will depend on whether The Column Group makes a profit on any of the companies that were started during my previous service as a scientific consultant (years 2008-2018).	No Conflict Identified
Gonzales	Hillary	U4518- DIETETIC TECHN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Self Employed Bartender	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Gonzalez	Kelly	0256-ASSIST VP LIBRARY SERVICES	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Association of Academic Health Sciences Libraries	No Conflict Identified

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			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Texas Digital Library</p>	<p>No Conflict Identified</p>

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Gonzalez	Leo	4411-RESCH ASSOC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Legacy Counseling Center, Inc.	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Good	Faith	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Louisiana Tech University	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
Goodspeed	Kimberly	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Jaguar Gene Therapy	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Gopal	Purva	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bayer HealthCare Pharmaceuticals Inc	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Eisai	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Genentech USA Inc	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bristol-Myers Squibb Company	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Exelixis Inc	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Roche Diagnostics Corporation	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Wako Life Sciences Inc	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	glycotest	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Exact Sciences	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Target pharماسolutions	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Under Escalated Assessment
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Genentech USA Inc	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	instadiagnostics	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	GRAIL	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AstraZeneca Pharmaceuticals LP	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Merck Sharp & Dohme Corporation	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

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Gordin	Eli	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Stryker Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Gordon	Ann	U1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	MPP Infusion	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Gordon	Katherine	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Guidepoint Global Advisors (Other)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Goss	Kara	730CS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of Wisconsin	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Grabarkewitz	Rebecca	0697-DIR RADTN SAFETY	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	U.S. Anesthesia Partners	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	300,000	No Conflict Identified
Grafer	Constance	9016-MGR ADMIN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Becton Dickinson and Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified

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Graham	Tiffany	730CN- ASSISTANT PROFESSOR	13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pediatric Headshape Clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Gifts Valued at Greater Than \$50	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Graham Family Dental	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Academy of Orthotists and Prosthetists	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
Grant	Shanda	4367-MGR CLIN RESCH	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	SweeterOne Life CPR	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Gray	Steven	720TT- ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Codexis, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Green	Carla	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Actimetrics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Greenberg	Benjamin	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Perkins Coie	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Greenberg	Charles	976-DIR HLTHCARE POL GOVT AFFS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas Dell Medical School	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	125000	No Conflict Identified
Greenberg	David	710CS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Purgo Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Greenberg	Raymond	710RS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Clemson University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$60,000 - \$80,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	McGraw-Hill	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dell Medical School, University of Texas at Austin	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Medical University of South Carolina</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Non-UTSW Faculty Appointment</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Greil	Franz	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	King's College London (Academic Institution in London, UK)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Conduct of Research, Not Affiliated with UTSW</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Non-UTSW Faculty Appointment</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Travel required for any activity/interest</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$5,000 - \$10,000</p>	<p>No Conflict Identified</p>

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Office for Public Health - Stuttgart, Germany	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Greilich	Philip	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Embry Riddle Aeronautical University (Daytona Beach, FL)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Grein	Heather	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Children's Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Gresl	Brittany	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	outpatient private practice- Dallas Pediatric Psychology, PLLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Griffith	Patrice	10135- INTERIM AVP BA SV EXC&STG INI	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc,	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott Laboratories	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbVie Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
Griffith	William	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Vertex Pharmaceuticals Incorporated	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Danaher Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Edwards Lifesciences Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Humana Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck & Co Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Zoetis Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boston Scientific Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	United Health Group Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ELI LILLY AND COMPANY	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Grilli	Elyse	4415-RESCH TECHN II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	GoodRx Holdings, Inc	Complete without Disclosure
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Complete without Disclosure

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Complete without Disclosure
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	Complete without Disclosure
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sorrento Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	GlaxoSmithKline LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Viatrix Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Avalon GloboCare Corp	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Eastman Kodak Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
Grishman	Ellen	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Provention Bio, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Grodin	Justin	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	EIDOS THERAPEUTICS	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (No activity planned)</p>	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Pfizer</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (No activity planned)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Alnylam</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Grubb	Bethany	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Academy of Physician Assistants	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Physician Assistant Foundation</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Gruber	Joshua	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sharma Therapeutics, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Guardant Health, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
Gruchalla	Rebecca	790TS- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	FDA SGE	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	New England Journal of Medicine	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	Approved (OAE)

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Approved (OAE)
Gu	Liya	710RS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Shanghai Institute of Nutrition and Health (INH)	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	Under COI Office Assessment
Guiner-da Silva	Alessandra	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Lab Corp	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$0	No Conflict Identified
Guisso	Dikran Richard	4804- POSTDOCTORAL RESEARCHER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Taysha Gene Therapies	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	COI Identified - Committee Review
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	COI Identified - Committee Review
Gul	Fatma	710CN- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	MediSys Rehabilitation, Inc	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Gummerson	Matthew	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Anesthesia Partners	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Gumusgoz	Emrah	4411-RESCH ASSOC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Taysha Gene Therapies	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
Gunasekaran	Uma	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of North Texas, Texas Christian University HCA Medical City Healthcare	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Guo	Junyu	730RS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Luokung Technology Corp.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Gupta	Olga	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Zealand Pharmaceuticals	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	KJT Group	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Rhythm Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
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Gupta	Rana	720TT-ASSOCIATE PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Rhythm Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Zealand Pharma	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pioneering Medicine, VII	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Alnylam Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Guthrie	Emily	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pedicalcare	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Guthrie	Larry	9158-GRANTS & CONT SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Mission Possible Kids	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	OAE Approved

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Gutierrez	Genaro	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Team Health	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Gutierrez	Nicole	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Kwinpax Behavioral Health	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Guzman	Ashley	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	advance ER	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Guzzetta	Angela	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Kindle Direct Publishing	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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Hackmann	Amy	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott Laboratories	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	COI Identified - Committee Review

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medtronic Inc	COI Identified - Committee Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review

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Hainlen	Meagan	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Epilepsy Foundation Texas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Haldeman	Sydney	4374-CLIN RESCH COORD	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Trader Joe's	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Haley	Charlotte	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas Psychological Association	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Haley	Robert	710TS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Southern Methodist University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>UT School of Public Health - Dallas Satellite</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Academic Teaching</p>	No Conflict Identified

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Hall	Brittany	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Restoration Counseling	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Hall	Daniella	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Care Now Urgent Care	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Hallac	Rami	730RS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Handi-Craft Company	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$0	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Halm	Ethan	790TT- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kaiser Permanente Research	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed

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Ham	Melissa	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PESTOLA (Pediatric Endocrinology Society of Texas, Oklahoma, Arkansas, and Oklahoma) Board of Directors	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Hamidi	Oksana	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	RECORDATI_RAR E_DISEASES_INC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Hamill	Victoria	U5602-CLIN STF PHARMACIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medical Center Hospital	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Hammer	Robert	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbVie Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Lacerta Therapeutics, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Mitsubishi Tanabe Pharma Corp.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Eli Lilly and Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Wave Life Sciences Limited	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Institut de Recherches Internationales Servier	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Excicure, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PTC Therapeutics Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Hammers	Hans	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Aveo Oncology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Hamra	Franklin	4409-RESCH ASSOC SR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	GenomeDesigns Laboratory, LLC.	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	Conflict Managed
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Conflict Managed
Hancks	Dustin	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baylor University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Hannan	Raquibul	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Monterose	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
Hansen	Erik	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of British Columbia	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Haq	Athar	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	America First Urgent Care	OAE Denied
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Denied
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	OAE Denied

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Harbour	James	705TT-PROFESSOR & CHAIR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Castle Biosciences	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of Miami	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	Under COI Office Assessment

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	Under COI Office Assessment
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Washington University in St. Louis	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	Under COI Office Assessment
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$115,000.00	Under COI Office Assessment

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Hardeman	Paula	1757-LEAD NON-PHYSN PROVIDER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alexion Pharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Viela Bio	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Harder	Lana	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Valerion Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ionis Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>American Board of Clinical Neuropsychology Board of Directors</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Travel required for any activity/interest</p>	<p>No Conflict Identified</p>

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$0	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Siegal Rare Neuroimmune Association	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Association of Postdoctoral Programs in Clinical Neuropsychology</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Multiple Sclerosis Association of America	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Harris	Kathryn	1327-DEPT OPS ANLST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Board & Brush - Plano	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Williams-Sonoma	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Rodan & Fields	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Harris	Robert	GSR - Med Scientist Trn Prgm	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Brock Solutions	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
Harris	Shawana	1551-CASE AIDE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Love House Counseling Service	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Harrison	Crystal	4406-RESCH SCIENTIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Southern Methodist University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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Harris-Tryon	Tamia	730CS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Johnson and Johnson International	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Harrod	Albert	730RS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	H Prime Bioconsulting	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Scientific & Professional Editors	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Harrod	Michelle	1035-RESCH RN SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Health Harris Methodist HEB	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Hart	Robert	0803-VISITING SENIOR RESEARCHER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	UT Dallas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
Hartman	Isamu	10108-ASSIST DIR TECH COMRCLIZATION	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Health Physicians Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified

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Hartshorne	Taylor	1370-CLIN DATA SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	CVS Pharmacy	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Harvey	Jay	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	RSC Diagnostics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
Harvey	Megan	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Tech University Health Sciences Center	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Hasnain	Barbara	2312- INFECTION PREVENTIONIS T	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas County; CornerStone Medical	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Hassan	Asim	4415-RESCH TECHN II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Head of the Class	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	OAE Approved
Hassien	Alexa	1370-CLIN DATA SPEC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Angioma Alliance	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Hatanpaa	Kimmo	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbVie Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott Laboratories	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amgen Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	MADRIGAL PHARMACEUTICALS	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	QIAGEN Sciences LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified

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Haugh	Isabel	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bristol-Myers Squibb Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Hayes	Susan	0949-DEPT ADMNTR - BASIC SCI & CTR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kern Lipid Conference	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Haynes	Katherine	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Magic Mind Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Hays	Brooke	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Hays	Ryan	720CN-ASSOC PROFESSOR	13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Epilepsy Foundation of Texas - Professional Advisory Board</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
Heidelbaugh	Shelly	755WO-FACULTY ASSOCIATE	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Abbvie (formerly Allergan Inc)</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Covered Family (A family member performs the activity or maintains the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
Heisler	David	4804- POSTDOCTORAL RESEARCHER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medpace Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$20,000-\$40,000	No Conflict Identified
Heitjan	Daniel	710RS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott Laboratories	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Braintree Laboratories Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Creatics LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	H Lee Moffitt Cancer Center and Research Institute	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Macrogenics, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Macrogenics, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	New York Medical College	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Noven Pharmaceuticals Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Women's Talc Project	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	university of south alabama	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Children's Hospital of Philadelphia	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbVie Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>White and Case, LLP</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UT Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Heitman	Elizabeth	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Anesthetic Gas Reclamation Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Miami, Miller School of Medicine, Institute for Bioethics and Health Policy	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Speaking, Training, or Proctoring</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>University of Mississippi Medical Center, John D. Bower School of Population Health</p>	<p>No Conflict Identified</p>

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tougaloo College, Jackson Heart Study Undergraduate Training and Education Center	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Association for Practical and Professional Ethics	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Houston, College of Medicine	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Henderson	Angela	9120-FINA ANLST II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Health Resources	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Hendrix	Joseph	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Medical Board	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Hennessy	Sara	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boston Scientific Endoscopy	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Fellowship Council	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Henning	Anke	706TT- PROFESSOR & DIRECTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Max Planck Institute of Biological Cybernetics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Henry	Sharen	2312- INFECTION PREVENTIONIS T	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas County Health & Human Services via Cornerstone Medical	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Hensley	Jane	3123- PSYCHOLOGICAL ASSOCI	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Housson Center	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Heppner	Celia	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas A&M University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Association of Postdoctoral Programs in Clinical Neuropsychology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Board of Clinical Health Psychology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Herbeck	Rachel	U5719-PHYS THERAPIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Woman's University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Herlong	Homer	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of South Carolina School of Medicine Prisma Health	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amgen Inc,Myovant, Vaxart,Chimerix,D irect Corp,Enpro, Bristol Myers, Bausch,Corcept,I ntercept,AbbVie, LonCar Cancer,	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
Hernandez	Alfredo	U9743-NEURODIAGNOSTIC TECH III	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Concorde Career College	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$40,000 - \$60,000	No Conflict Identified
Hernandez	Elizabeth	1370-CLIN DATA SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ScribeAmerica	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Hernandez	Genaro	4804- POSTDOCTORAL RESEARCHER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Atias Pharma LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	Unsure as it depends on company's funding status	No Conflict Identified
Hernandez	Jessica	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ER Near Me	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
Hernandez	Paula	740RS- INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfeizer	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Hernandez	Susan	0985-ASSOC VP & CHIEF NRSR EXEC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	North Texas Organization of Nurse Leaders	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Great 100 Nurses	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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Herring	John	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medtronic Inc	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	Conflict Managed

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Herz	Joachim	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Biogen Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ARKUDA	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Alexander-von-Humboldt Stiftung	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>University of Freiburg, Germany</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Non-UTSW Faculty Appointment</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>No Conflict Identified</p>

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Reelin Therapeutics	COI Identified - eReview
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - eReview
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	COI Identified - eReview
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	COI Identified - eReview
Hess	Janet	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baylor Institute of Rehabilitation (via Select Medical Corporation)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Heyne	Elizabeth	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Low Birth Weight Development Center	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Conflict Managed

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Catholic ProLife Community	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Heyne	Roy	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Catholic Physicians Guild	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Low Birth Weight Development Center	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Conflict Managed

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Catholic Medical Association</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Hibbs	Ryan	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	EMD Millipore Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Hickman Zink	Meridythe	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	McGraw Hill Education, Publisher of Williams Obstetrics Study Guide	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified

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Hickman	Michele	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Arlington (UTA)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Hicks	Cason	4374-CLIN RESCH COORD	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Hicks Custom Knives	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Hicks	Christina	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Society of Urologic Nurses & Associates	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Under COI Office Assessment

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Under COI Office Assessment
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	Under COI Office Assessment
Hilgemann	Donald	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	reata pharmaceutical	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1,200,000	No Conflict Identified
Hill	Joseph	790TT- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	I serve as a faculty judge for the Northwestern Cardiovascular Young Investigator Forum, which is sponsored by an unrestricted educational grant from Astra Zeneca. They cover my travel expenses and	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cytokinetics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Tenaya Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Imara	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Regeneron Pharmaceuticals Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Hill	Steven	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	National Board of Echocardiography	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Ladies' Individualized Fitness Training, LLC</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Covered Family (A family member performs the activity or maintains the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	LaCava and Jacobson, P.A.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Rodolf & Todd, PLLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Winkler & Harvey, LLP</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Wheeler Trigg O'Donnell, LLP</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Thompson Miller	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Horn, Aylward & Bandy, LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Mayer LLP	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Hinnant	Elizabeth	4406-RESCH SCIENTIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Hawaiian Falls Waterparks	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Hirczy	Siegfried	RES-RESIDENTS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Facebook	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	>100,000	No Conflict Identified
Ho	Christine	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Academy of Pediatrics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Broadwater LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Elsevier	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Philadelphia Hand Course	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Central Texas Pediatric Orthopedics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Pediatric Orthopaedic Society of North America</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Speaking, Training, or Proctoring</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Hobbs	Helen	706TT- PROFESSOR & DIRECTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Celera Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Louis Jeatet	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Gruber Foundation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Novus Biologicals, LLC</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	LeDucq Foundation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Column Group	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	172,500	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Reata Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	>100,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pelaton Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	>100,000	No Conflict Identified
Hodics	Timea	788VF-Adjunct Faculty Associate	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Houston Methodist Hospital	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	OAE Approved
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$10,000 - \$20,000	OAE Approved
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	CRG	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	1 million	OAE Approved
Hofmann	Sandra	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	North Texas Cardiovascular Associates	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Collaborations Pharmaceuticals	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Guidepoint Global</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	techspert.io	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Methodist Medical Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$500,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Qral Market Research	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Hogan	Andrew	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Air Medical Physician Association	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Hogan	Robert	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Wife is a member of a private practice group of gastroenterologists - Digest Health Associates of Texas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Quest/Raymond James Capital Management	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
Hogan	Timothy	720RS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Illinois at Urbana Champaign, Department of Communication	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Massachusetts Medical School, Department of Population and Quantitative Health Sciences	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Holcomb	James	4411-RESCH ASSOC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bidu	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Citigroup	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cinemark Theaters	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	General Electric	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hallmark Financial	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hartford Investment Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Huazhu Group Ltd	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kodak	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Momo Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Marathon Petroleum Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Occidental Petroleum	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Royal Dutch Shell	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stamps.com	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Xenia Hotels and Resorts	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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Holdegraver	Laurel	9158-GRANTS & CONT SPEC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Apple Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amazon.com, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Carnival Cruise Line	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ford Motor Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Meta Materials	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Norfolk Southern Railroad	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Peloton Interactive, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Union Pacific Railroad	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Walmart	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Holland	Alice	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Psychological Association	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	National Academy of Neuropsychology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	North Texas Neuropsychology, PLLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Federation of Associations in Behavioral and Brain Sciences	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Holmes	Justin	750WO-ASSISTANT INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Parkland Health and Hospital System	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$60,000 - \$80,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Homs	Jade	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed

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Hon	Gary	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NorthShore University HealthSystem	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Hong	Arthur	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Janssen Scientific Affairs LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AbbVie Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
Hooper	Lora	705TT-PROFESSOR & CHAIR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Academy of Medicine Engineering and Science of Texas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Hooper	Tonya	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UT Arlington	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Hoopman	John	6616-SAFETY SPEC LEAD	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Stephens & Associates	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sciton	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	Conflict Managed

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	Conflict Managed
Hopkins	Steve	4367-MGR CLIN RESCH	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Theravance Biopharma Inc	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	Conflict Managed
Horton	Jay	706TT- PROFESSOR & DIRECTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Regeneron Pharmaceuticals Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$5,000-\$10,000	No Conflict Identified
Hoshida	Yujin	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Laboratory for Advanced Medicine (renamed as Helio Health in 2020)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$10,000 - \$20,000</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Alentis Therapeutics</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ferring Pharmaceuticals	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Morphic Therapeutic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Conduct of Research, Not Affiliated with UTSW</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Physicians' Education Resource®, LLC (PER®)</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Hosler	Gregory	780VF- CLINICAL PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Castle Biosciences	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Howell-Stampley	Temple	705CN-PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	National Commission on Certification of Physician Assistants	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Howe-Martin	Laura	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Psychological Association - Continuing Education Committee	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Wolters-Kluwer	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Hoxhaj	Gerta	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Elsevier	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Hsieh	Jer-Tsong	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The University of Texas Health Science Center at Houston-Texas Therapeutics Institute	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified

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Hu	Danyue	4400-POP SCI DATA ANALYST I	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Monument Analytics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Huang	Audrey	10071-ASSOC VP COMMS MKTG PUB AFFS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	PWorld	OAE Denied
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Denied
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	OAE Denied

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Huang	Craig	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	PEMQBook Texas, LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Challenger Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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Huang	Dan	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Wuhan Union Hospital, Tongji Mediacal College, Huazhong University of Science and Technology</p>	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Non-UTSW Faculty Appointment</p>	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Huang	Gang	730RS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	OncoNano Medicine Inc.	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Conflict Managed

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			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Conflict Managed
Huang	Isabel	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	MES Solutions	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Examworks	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Neuromuscular associates of Texas PLLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Elevate Clinic	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Physician Life Care Planning PLLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Huang	Theresa	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Exelixis Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$40,000 - \$60,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Hudak	Steven	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boston Scientific Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Hughes	Jennifer	785VF- ADJUNCT ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Psychological Association Division 53 Society for Clinical Child and Adolescent Psychology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Association for Behavioral & Cognitive Therapies (ABCT) Child & Adolescent Depression Special Interest Group (SIG)</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Guilford Press	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Hughes	Randall	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbVie Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbvie	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
Hui	Teresa	DIR-DIRECTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Children's Medical Center Research Institute at UT Southwestern Medical Center	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Hulla	Ryan	4374-CLIN RESCH COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Arlington	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Hunt	Shari	9608-MGR TRNG ARC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Night Photography Workshops, LLC	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Hunter	Jacob	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	J.P. Morgan	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Huo	Michael	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AO Foundation	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	b-One Orthop Corp	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Foundry Therapeutics Inc	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	TurningPoint Health Solutions	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Husain	Mustafa	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	National Institute of Mental Health Neurological Sciences (NIMHANS), Bangalore India	Approved (OAE)

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Approved (OAE)
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Association of Geriatric Psychiatry (AAGP)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Psychiatry Association	Approved (OAE)

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Approved (OAE)
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Journal of ECT	Approved (OAE)

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Approved (OAE)
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Education Support Initiative (ESI)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Department of Psychiatry & Behavioral Sciences, Duke University School of Medicine	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Society of Psychiatric Physicians	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Hussain	Maysoon	9921-STUDENT INTERN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	VARYFII Imaging LLC	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Hussain	Mohammad	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Varyfii Imaging LLC	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Hutchinson	Ryan	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Intrinsic Value Investments, LLC	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	Dependent on asset performance	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	As above, as many assets are not commonly valued	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Immertec	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	4000 share options with currently no value	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Iannaccone	Susan	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Ibrahim	Ibrahim	4414-RESCH ASSIST I	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Children's Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Idris	Ahamed	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	HeartSine, Inc. - Stryker, Inc.	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Iheme	Olivia	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Blessing's Home Health Agency	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Infante	Rodney	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer, Inc.	Complete without Disclosure
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Complete without Disclosure
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	Complete without Disclosure
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Complete without Disclosure

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Isaacs	S	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Phoenix House of Texas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Isaacson	Brandon	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Advanced Bionics LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	MED-EL Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Issioui	Yacine	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Dallas Student Success Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Iyengar	Puneeth	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AstraZeneca	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Jackson	Sarah	4414-RESCH ASSIST I	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Tech University Health Sciences Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Jacobe	Heidi	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Timber Pharmaceuticals, LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Jadhav	Chetana	5884-GSR - Cell & Molecular Biology	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Folded Crane Foundation	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Approved (OAE)

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	Approved (OAE)
Jain	Mamta	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Synairgen	COI Identified - Committee Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	COI Identified - Committee Review
Jain	Nitin	710TS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Journal of Physical Medicine and Rehabilitation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated except for the journal paying for registration to the annual Association of Academic Physiatrists academy meeting)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Vanderbilt University Medical Center</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Non-UTSW Faculty Appointment</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Jain	Raksha	720CS-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Boeinger Ingelheim	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Physician Education Resource	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Jaqaman	Khuloud	730TA- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Glencoe Software Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Keen Eye Technologies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Allen Institute for Cell Science</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Covered Family (A family member performs the activity or maintains the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Jaquiss	Robert	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Flashback Technologies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Jarrett	Robin	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amgen Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$10,000 - \$20,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson and Johnson International (JNJ)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Microsoft	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	115,980	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Procter and Gamble Co	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Jayaraman	Avinash	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Elpidatec Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$60,000 - \$80,000	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Jessen	Michael	705TT- PROFESSOR & CHAIR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Under Armour, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Allogene	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	149,200	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ignite Sales	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	259,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Centrallo, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	259,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Canopy Growth Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Impossible Foods	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Palantir Technologies	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	340,300	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Five Prime Therapeutics, Inc	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Veritone, Inc	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Precigen, Inc	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	United Health Products, Inc	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	1,962,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>WW International, Inc</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	130,500	No Conflict Identified
Jetelina	Katelyn	786VF- ADJUNCT ASST PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas Health Science Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$80,000 - \$100,000	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$5,000-\$10,000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Jetpuri	Zaiba	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Agape	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	East Plano Islamic Center Medical Clinic	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Valley Ranch Islamic Center Medical clinic	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Jia	Xun	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	LinkingMed Technology Co. Ltd.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Jiang	Youxing	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cerevel Therapeutics, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Jiang	Zhixin	1752-ADV PRAC PROVIDER RES/FELL	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas County Health and Human Services	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Jimenez	Kathryn	9902-STU ASSIST II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Illinois at Chicago	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Jiwani	Seema	1035-RESCH RN SR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Illingworth Research	OAE Denied
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Denied
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	OAE Denied

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	OAE Denied
Jochim	Andrea	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Albert Einstein College of Medicine/Bronx Healthy Start Partnership	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
John	Jiffin	1314-QTY ASSURANCE COORD	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medical City Dallas Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
John	Samuel	730CS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Immune Onc Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$0	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Johnson	Alan	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alan Johnson, PsyD	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Johnson	Brett	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Coloplast Corp	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Johnson	David	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck Sharp & Dohme Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>PFIZER PHARMACEUTICALS LLC</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Other relationship with a Non UTSW entity</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$5,000 - \$10,000</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Aileron Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Johnson	Essence	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Black EyeCare Perspective, Diversity Perspective, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Johnson	Jane	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AiKido Pharma Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	BCII Enterprises	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	stock options	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	IDP Pharma	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	unknown	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Johnston	Charles	780VF- CLINICAL PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic Inc	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Conflict Managed
Jones	Anne Marie	4367-MGR CLIN RESCH	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Purrington Animal Rescue	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Jones	Bruce	0945-DIR TX ALZ RESCH & CARE CONSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	BioNTech	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Jones	Donald	U6052-RN II - APHERESIS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas Opera Chorus	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Joseph	Susan	545-NURSE ANESTHETIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amarillo's Best Homehealth agency	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Joshi	Girish	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baxter Pharmaceutical	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Pacira Pharmaceuticals Incorporated</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$5,000 - \$10-000</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Acreditas Global	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ACADIA Pharmaceuticals Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified

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Joshi	Parag	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Global Genomics Group (G3) Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Joshi	Ravi	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ROMTech, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Juengst	Shannon	785VF- ADJUNCT ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	TIRR Memorial Hermann Health System	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Jun	Dong-Jae	4406-RESCH SCIENTIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Teaching a biology class at Dallas Baptist University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Jung	David	2312- INFECTION PREVENTIONIS T	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas County Health and Human Services	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	N/A

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	N/A
Juntilla	Marisa	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Guardant Health	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$342000	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stocks held in retirement accounts, Fidelity	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sharma Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Juroch	Katherine	RASSO-RESEARCH ASSOCIATES	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Advanced Vision Care of North Arlington	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Kabani	Fahd	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Locum tenens	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Kahn	Jeffrey	790CS- PROFESSOR & DIVISION CHIEF	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Gerson Lehrman Group	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Multiple law firms	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Avsana Labs Incorporated	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Kallioniemi	Elisa	PRHII- POSTDOCTORAL RESEARCH FELLOW H	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Instrumentarium Science Foundation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$60,000 - \$80,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Orion Research Foundation sr	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Kalra	Sumeet	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Johnson and Johnson	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	pfizer	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
Kalva	Sanjeeva	785VF- ADJUNCT ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Elsevier	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Springer	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Massachusetts General Hospital	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Primary employment is a Non UTSW position</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>650,000</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Altheahealth</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Penumbra Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Kamal	Daniyal	4374-CLIN RESCH COORD	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Health Resources - Frisco Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Kampf-Ellis	Robyn	1520-SOCIAL WORKER II	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Carrollton Springs Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Encompass Health Rehabilitation Hospital of the Mid Cities	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Kanchwala	Mohammed	4421-COMPUTATIONAL BIOLOGIST II	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Circle Living LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Kane	Alex	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Handi-Craft	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$0	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Kang	Cathreena	8102-PRGM COORD SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	On Track (OTRK)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Biogen Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott Laboratories	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medpace	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AstraZeneca Pharmaceuticals LP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Charles Schwab	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
Kang	Hye Ri	4409-RESCH ASSOC SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	TAYSHA GENE THERAPIES	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	Unsure yet	No Conflict Identified
Kang	Naveneet	1370-CLIN DATA SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Magnolia Diagnostics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Kang	Rui	720TA- ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Center for DAMP Biology, the Third Affiliated Hospital, Guangzhou Medical University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Kang	Sunjun	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck Sharp & Dohme Corporation	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	N/A
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AstraZeneca Pharmaceuticals LP	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	N/A
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Radiotherapy Innovation and Optimization	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	N/A
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Magnetic Imaging Therapy	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	N/A
Kang	Ye jin	750WO-ASSISTANT INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Global Humanitarian Engagement (formerly known as Engage Korea)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Kansagra	Ankit	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbVie Inc	COI Identified - eReview
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - eReview

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - eReview
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	COI Identified - eReview
Kansagra	Shraddha	U5602-CLIN STF PHARMACIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Please see my spouse's COI	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	please see my spouse's COI	No Conflict Identified
Kapinos	Kandice	720RS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	RAND Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	110000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Southern Methodist University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Karner	Courtney	720TA-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Duke University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Karp	David	790TT- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PPD Development, L.P.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Kasik	Mona	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	CycleBar Preston Forest	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Kato	Masato	710RS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	National Institutes for Quantum and Radiological Science and Technology (QST)	COI Identified - Retrospective Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospective Review

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	COI Identified - Retrospective Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	COI Identified - Retrospective Review
Kaur	Kiran	4405-RESCH SCIENTIST SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Head of the class tutoring center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Kazi	Salahuddin	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sanofi Genzyme	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Regeneron Pharmaceuticals Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Board of Internal Medicine	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	compensation will be paid to UT Southwestern	Approved (OAE)
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Dartmouth Institute	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	Approved (OAE)
Kazmi	Syed	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson and Johnson International	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Kelley	Brendan	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Labcorp	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Kelley	Urszula	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas Psychoanalytic Center Board of Directors	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Kelly	Carolyn	1035-RESCH RN SR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Reata Pharmaceuticals, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Kelly	Kara	1757-LEAD NON-PHYSN PROVIDER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kindthrough LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Kelly	Nancy	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	I serve on the Executive Board of the Academic Pediatric Association until May 2020.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$0	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	UpToDate	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$5,000 - \$10,000	No Conflict Identified
Kennard	Beth	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Jerry. M. Lewis, MD Research Foundation	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>George G. and Alva Hudson Smith Foundation (no compensation from this Board position)</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Keoninh	Delta	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medi Weightloss	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Kerins	Carolyn	786VF- ADJUNCT ASST PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas A&M University College of Dentistry-- Associate Professor and Graduate Program Director Pediatric Dentistry	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	170,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Dental Ranch/Oral Health Industries	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pediatric Dentistry of North Texas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Kerr	Thomas	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Gastroenterologic Association	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UpToDate	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Approved (OAE)
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Approved (OAE)
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alexion Pharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Kershaw	Corey	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	United Therapeutics Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Khan	David	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Aimmune	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	UpToDate	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	Approved (OAE)
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	Approved (OAE)
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Academy of Allergy Asthma and Immunology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Khan	Shaheen	730RS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Athena Genomics	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Khan	Shaida	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UCB Inc	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Khanna	Arati	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Biz Sciences LLC	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	S R Biz Sciences Technology and Travel Solutions Private Limited	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Khazzam	Michael	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stryker Corporation	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	unknown as of yes as just starting	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	unknown as just starting	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	unknown	No Conflict Identified
Khera	Amit	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	MER (Medical Education Resources)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Med Learning Group	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medscape	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Heart Association	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Khimani	Shayaan	4417-POP RES PROJ ASST II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ANITRIO INC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Kho	Kimberly	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Myovant Sciences	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Khorsand	Sarah	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	MDMetrix	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Khosama	Leticia	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	BD Rx Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	BD Rx Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Kibe	Julius	U6008-RN PRACTITIONER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Grace Clinic Grapevine	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Killgore	Samantha	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Trusted ER	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Kim	Carolyn	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	GoPeer	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Kim	Donghee	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Woman's University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Kim	Harry	710CS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Aarborg University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Kim	Jae Hun	4411-RESCH ASSOC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stock investment	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
Kim	Jaehyup	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Immune-Onc therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Kim	James	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sanofi	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Kim	Paul	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	KCI USA Inc	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	Under COI Office Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$60,000 - \$80,000	Under COI Office Assessment
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	eKare Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	NACCME	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Urgo Medical	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	Under COI Office Assessment
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	Under COI Office Assessment
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Polarity TE	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	Under COI Office Assessment
Kim	Ryang	740WO-VISITING INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The University of Tokyo	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
Kimatian	Stephen	710CN- PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Masimo Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
Kincaid	Annie	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	My Face Lady	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Kinch	Lisa	HHTC- HOWARD HUGHES TECHNICAL	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Illumina Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$10,000 - \$20,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbVie Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
King	Gregory	8165- PARKLAND PRGM MGR - PSYCHIATRY	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Children's Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
King	Jennifer	0493-DIR PUBLIC AFFAIRS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas Regional Chamber Leadership Dallas Advisory Council	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	N/A
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Dallas Summit	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	N/A
King	Miranda	9016-MGR ADMIN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Charles Y.C. Pak Foundation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Kirk	Laura	0618-ASSIST DIR ADV PRAC PROVIDER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Society of PAs in Otorhinolaryngology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Academy of Communication in Healthcare	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$0	No Conflict Identified
Kirk	Lynne	760WO- PROFESSOR EMERITUS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Accreditation Council for Graduate Medical Education	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	560000	No Conflict Identified
Kissel	Abigail	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbyK Designs	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	North Texas Alliance to Prevent Unintended Pregnancy in Teens	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Family Connects MHMR Tarrant County</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Kitchell	Ellen	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Agape Free Medical Clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Klaas	Thea	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Care United Medical Center	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Kleen	Chelsea	9257-MGR HS EMERGING STRAT	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas College	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Klesse	Laura	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AstraZeneca US Medical	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed
Kliewer	Steven	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Atias Pharmaceuticals	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Kluger	Sharon	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Akiba Academy	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Koduru	Ramakrishna	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	MD Anderson Cancer Center, Houston	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Koehler	Daniel	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Arthrex	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Koh	Andrew	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Aumenta Biosciences	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Kohler	Jennifer	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Society for Glycobiology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	GlycoNet	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Koshy	Thomas	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Legal Case Work	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Kosno	Martyna	5880-GSR - Biological Chemistry	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Precision Research LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Kowalske	Karen	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Association of Academic Psychiatrists	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Kramer-Lucas	Laura	487-DIR ANNUAL GIVING	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Lucas Girls Company	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	N/A

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	N/A
Kraus	William	706TT- PROFESSOR & DIRECTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ribon Therapeutics, Inc.	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cornell University, Ithaca, NY	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>American Association for Cancer Research</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Other relationship with a Non UTSW entity</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	<p>No Conflict Identified</p>

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China.</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Speaking, Training, or Proctoring</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Travel required for any activity/interest</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ARase Therapeutics, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Other relationship with a Non UTSW entity</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Travel required for any activity/interest</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>My only compensation is the stock noted above.</p>	<p>No Conflict Identified</p>

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Athena Therapeutics, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	FEBS (Federation of European Biochemical Societies)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Kroger	Benjamin	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson and Johnson International	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Krohn	Patricia	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Kuang	Zheng	740RS-INSTRUCTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Carnegie Mellon University	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	Under COI Office Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Under COI Office Assessment
Kubiliun	Nisa	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boston Scientific Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Kuhbandner	Kristina	4806-POSTDOCTORAL RESEARCHER PPD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	German Research Foundation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Kulkarni	Kartik	GSR - Med Scientist Trn Prgm	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	aurinia pharmaceuticals	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Kulstad	Christine	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Attune Medical	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$190,000	No Conflict Identified
Kulstad	Erik	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Advanced Cooling Therapy, Inc., d/b/a Attune Medical	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	190,000	No Conflict Identified
Kumala	Caitlin	STUIN- STUDENT INTERN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	DeepScribe	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Kusey	Kathleen	U5602-CLIN STF PHARMACIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Methodist Mansfield Medical Center	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	N/A

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	N/A
Kutz	Joe	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cochlear Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Kwon	Jeannie	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Collin College	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Kydd	LeNaiya	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The University of Texas at Arlington	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Kyle	Kelly	4370-PROJ MGR SCCC CLIN RESCH OFC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Red Tiger Karate	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Creative Memories	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
La Fontaine	Javier	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Epresent	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
La Hoz	Ricardo	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Organ Procurement and Transplantation Network	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Approved (OAE)
Lai	Helen	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hexagon Bio, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$10,000 - \$20,000</p>	No Conflict Identified
Lai	Wen	720CN-ASSOC PROFESSOR	<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Janssen Scientific Affairs LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Beigene	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	curio	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Genentech USA Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
Lane	Chadrick	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Yale School of Medicine Geriatric Psychiatry Fellowship teaching	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Lantz	Jodie	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Laplante	Stephen	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Incrediwear	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Larkin	Kimberly	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Woven Health Clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Larson	Cadie	4448-VETERINARY TECHN II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kroger	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Lau	Abby	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Methodist Health System	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Lau	May	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Children Psychiatry Access Network (CPAN)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Lavery	Lawrence	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alfasigma USA Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Integra lifesciences	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	Conflict Managed

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cardinal Health Inc	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Hologenics	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>AstraZeneca Pharmaceuticals LP</p>	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	Conflict Managed

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Uluru	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$20,000 - \$40,000</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Polarity TE</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	kent	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Lawrence	Adrian	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dane Street	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Lawrence	Holly	4374-CLIN RESCH COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ACRP North Texas Chapter	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Le	Lu	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sun Pharmaceutical Industries Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (No activity planned)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>SpringWorks Therapeutics</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Lea	Jayanthi	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	National Ovarian Cancer Coalition	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Roche Diagnostics Corporation</p>	COI Identified - Retrospective Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	COI Identified - Retrospective Review

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	<p>COI Identified - Retrospective Review</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	<p>COI Identified - Retrospective Review</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Genentech</p>	<p>COI Identified - Retrospective Review</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>COI Identified - Retrospective Review</p>

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	<p>COI Identified - Retrospective Review</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>COI Identified - Retrospective Review</p>
Leach	Steven	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Coppell Independent School District</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Leavey	Patrick	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Society of Pediatric Hematology / Oncology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Children's Medical Center</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Lederer	Eleanor	710TS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Renal Physicians Association	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Approved (OAE)
Lee	Benjamin	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pharmaceutical Stocks (See text box 51)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	141,000	No Conflict Identified
Lee	Caroline	RESCO-RESEARCH STUDY COORDINATOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Austin	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
Lee	Elisabeth	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$80,000 - \$100,000	No Conflict Identified

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Lee	Kenneth	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Advanced Bionics LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	MedEl	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Qualia Oto	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Lee	Simon	720TT-ASSOCIATE PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of Texas (UTH) School of Public Health	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Lee	Wei-Ping	0235-EVP ACADEMIC AFFRS AND PROVOST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Association for Hand Surgery	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Association of Plastic Surgeons	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Apple Computer Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	1,283,659	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johns Hopkins University School of Medicine	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Advisory Committee on Organ Transplantation, Health Resources and Services Administration, U.S. Department of Health and Human Services	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Lee	William	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pioneer Medicine VII, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Seattle Genetics Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Genentech Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Forma Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Karuna Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Affibody	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cortexyme, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Veristat, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Alnylam	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Leer	Jonathan	1902-MGR CLIN PRAC - PEDIATRICS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Johnson and Johnson International	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$20,000 - \$40,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Zimmer Biomet Holdings Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Arlington	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Lega	Bradley	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Rocky Mountain Neurosurgical Society	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Approved (OAE)
Lehmann	Christoph	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Thieme Publishers	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Leitch	Ann	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	alliance for clinical trials in oncology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	puma biotechnology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Lemack	Gary	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Allergan Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Axonics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bayer HealthCare Pharmaceuticals Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Lenes-Voit	Felicity	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Qualia Medical	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	COI Identified - Committee Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	COI Identified - Committee Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	COI Identified - Committee Review
Leonard	Tammy	785VF- ADJUNCT ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	US Department of Housing and Urban Development	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified
Levi	Benjamin	795TT-ASSOC PROFESSOR & DIV CHIEF	<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<ul style="list-style-type: none"> Winston & Strawn LLP 	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	BENNETT BIGELOW & LEEDOM P.S.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ann Arbor	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<ul style="list-style-type: none"> • Sommers Schwartz, PC 	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<ul style="list-style-type: none"> • Willingham & Cote', PC 	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<ul style="list-style-type: none"> Higgs Fletcher & Mack LLP 	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	• Gomez Trail Attorneys	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
Levine	Benjamin	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amgen Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Space Exploration Technologies Corp.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	International Association of Athletics Federations	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Levine	Doug	REAST-RESEARCH ASSISTANT	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	CureDuchenne	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$60,000 - \$80,000	No Conflict Identified
Lewis	Leslie	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	International Board of Specialty Certification	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	consulting	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved

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Lewis	Stephanie	0544-SENIOR STAFF VETERINARIAN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	UT Arlington	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
Li	Bo	730TA- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	I am a shareholder of Serum Incorporated, a new start-up company.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Li	Suxin	4804- POSTDOCTORAL RESEARCHER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	OncoNano	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Li	Wen-Hong	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	VitalQuan LLC	Complete without Disclosure
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Complete without Disclosure
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	Complete without Disclosure
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Complete without Disclosure

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Li	Xiaochun	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Casma	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Liberty	Martha	U6008-RN PRACTITIONER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Gossamer Bio	COI Identified - eReview
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - eReview
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - eReview

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	COI Identified - eReview
Ligorio	Matteo	730TA- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ligorio Napier Enterprise	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Limoges	Cassie	1757-LEAD NON-PHYSN PROVIDER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Rush University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Lin	Mu-Han	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Varian Medical Systems Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Lingappan	Arul	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Innovative Health Diagnostics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Lingvay	Ildiko	710CS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Altimune	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Link	Denise	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Wayne State University PA program	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Hardin-Simmons PA program	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of North Texas PA School	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bayer AG	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Link	Mark	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	National Basketball Association	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Linstrum	Karen	U9814-REHABILITATION COUNSELOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Murray State College	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	N/A

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	N/A
Lippe	Ben	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Health Resources	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
Liticker	Jeff	0539P-SENIOR PHARMACIST PRN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AstraZeneca Pharmaceuticals LP	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	195,000	No Conflict Identified
Liu	George	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Orthofix International NV	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Gramercy Extremity Orthopedics LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pede et Tarso Solutiones, LLC	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Liu	Jiaen	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	National Institutes of Health	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Liu	Zhi-Ping	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Raphael pharmaceuticals LLC	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Livingstone	Julia	9921-STUDENT INTERN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	CVS Health	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Lo	Amy	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cytokinetics	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NovMetaPharma	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Mission Therapeutics	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Janssen Pharmaceuticals	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UptoDate	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson and Johnson	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Society of Nephrology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Lobarinas	Christina	755WO-FACULTY ASSOCIATE	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of Texas at Dallas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Non-UTSW Faculty Appointment</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Hearing Evaluation Services of Buffalo</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Covered Family (A family member performs the activity or maintains the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Lobarinas	Edward	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hearing Evaluation Services of Buffalo	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Lockett-Miles	Florence	U5310-REG RESP THERAPIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	El Centro College DCCCD	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Loneragan	Katy	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	BEST/IES (Integrative Emergency Services)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Longoria	Mandi	U1021-MGR MAGNET PRGM	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Press Ganey Magnet Advisory Council	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	N/A
Lopez	Melissa	1019-SUPV AMB RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	THR Presbyterian Hospital Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Loredo	Cynthia	6319-LIEUTENANT	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Athos	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Loria	Hilda	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Agape Clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Specialty Care Access Network	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	City of Dallas, Office of Welcoming Communities and Immigrant Affairs	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Lotan	Yair	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	urogen pharma	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Louis	Avra	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Applied Glycan Technologies, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Louis	Elan	705TT- PROFESSOR & CHAIR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Sagent Pharmaceuticals Inc</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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Lu	Lenette	730TA- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Elsevier	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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Lu	Weiguo	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ACCURAY INCORPORATED	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Lucak	Kyle	9643-CONTS SPECSR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Grant Thornton, LLP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
Lucas	Jessica	4411-RESCH ASSOC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Rogers Wildlife Rehabilitation Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Law Office of Daniel J. Peters	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Lockett	Peter	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Lockett Health Care Consulting LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$60,000 - \$80,000	No Conflict Identified
Luffy	Robin	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Woman's University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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Lujan-Erceg	Claudia	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Holmusk	Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Identified

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Lum	Lawrence	785VF- ADJUNCT ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	I am an adjunct professor and currently work full time for Loxo Oncology at Lilly. I do not manage a research team at UTSW and currently reside in San Diego.	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	OAE Approved

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Luna	Jesus	U6020-ASSIST MGR NEURODIAGN OSTICS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Parkland Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Lundsteen	Natalie	0369-ASSIST DEAN CAREER & PROF DEV	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Educational Trajectories Consulting	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Elsevier Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Graduate Career Consortium	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
Lussier	Bethany	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Biogen Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Andrés J. Gallegos, Esq. Robbins, Salomon and Patt, Ltd. 180 N. LaSalle Street, Suite 3300 Chicago, IL 60601</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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Lutich	Ann	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Brother Bills Helping Hand OB/GYN Night	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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Luts	Diana	750WO-ASSISTANT INSTRUCTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	North Texas OBGYN Associates	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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Lykken	Erik	1897-MGR LAB	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Taysha Gene Therapies	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Under Escalated Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	Under Escalated Assessment
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	Under Escalated Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sarepta Therapeutics Inc	Under Escalated Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under Escalated Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	Under Escalated Assessment
Lykken	Jacquelyn	CONSU-CONSULTANT	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Taysha Gene Therapies	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Under COI Office Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	Under COI Office Assessment
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Sarepta Therapeutics Inc	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Lysikowski	Jerzy	0943-DIR ACA EVAL, QLT Y ED & SIM AN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dr. J Associates	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Maalouf	Naim	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alexion Pharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Mack	Nichelle	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	TutorMe	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Mackenzie	Marsha	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Camp Sweeney	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Children's Hospital Los Angeles	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
MacMillan	John	785VF- ADJUNCT ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of California, Santa Cruz	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Non-UTSW Faculty Appointment</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	>\$200,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Taiho Oncology Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	>\$150,000	No Conflict Identified
Macris	Dimitri	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Elpidatec LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Madanat	Yazan	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Taiho Oncology Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Madisetty	Jaswanth	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	adverum, johnson&johnson, pfizer, moderna, oncolytics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
Madsen	Nicolas	795CN-ASSOC PROFESSOR & DIV CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Aarhus, Department of Clinical Epidemiology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Maher	Elizabeth	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Curadev Pharma	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Mahimainathan	Lenin	9315-QTY IMPROV ANLST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Lewis Pain & Physical Medicine	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Maioriello	Anthony	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Beasley Allen Law firm	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	OAE Approved
Maldjian	Joseph	790TS- PROFESSOR & DIVISION CHIEF	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bioclinica	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$100,000 - \$200,000.	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Wake Forest University Health Sciences	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Malik	Sadia	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Preston Crossing Endoscopy Center	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$80,000 - \$100,000	No Conflict Identified

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Malloy	Craig	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ultragenyx	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Malolan	Chenchita	4414-RESCH ASSIST I	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas County Department of Health and Human Services	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Mammen	Pradeep	710CS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Revidia Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Manaktala	Rohit	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas VA Medical Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	>100,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Mancuso	Annette	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Annette Mancuso, PLLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Womans University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Mandell	Samuel	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Wolters Kluwer, UpToDate	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Mangelsdorf	David	705TT- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Exelixis Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Metacrine, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Rgenix, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Mangona	Kate Louise	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medicine, Marriage, and Money	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medicine, Marriage, and Money	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Mann	Martha	1035-RESCH RN SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Consortium of Multiple Sclerosis Centers - CRND Board Member	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Marella	Pooja	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas County Health and Human Services	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Margulis	Vitaly	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Janssen Biotech Inc	COI Identified - Retrospective Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospective Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Retrospective Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	COI Identified - Retrospective Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	COI Identified - Retrospective Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	COI Identified - Retrospectice Review
Marin	Arnaldo	VJFEL- VISITING JUNIOR FELLOW	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Universidad de Chile	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
Marin-Hill	Angelica	250-VICE PRESIDENT	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Hockaday School	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Marrero	Jorge	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Glycotest, Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AstraZeneca Pharmaceuticals LP	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Marroquin	Monica	4418-POP RES PROJ ASST III	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas A&M University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Martin	Christina	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Quarterline Consulting Services	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Martin	Matthew	4414-RESCH ASSIST I	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	LYFT	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Martinez Fernandez	Tanya	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	iCare ER and Urgent care	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$0	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Martinez	Elisabeth	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Raphael Pharmaceuticals LLC	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	COI Identified - Committee Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	COI Identified - Committee Review

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Martinkus	Angela	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baylor University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Mason	Brittany	730RS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Quanterix	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Mason	Ralph	710RS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AstraZenca	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	GlaxoSmithKline LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	134000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Smith & Nephew Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Smiths Group plc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	unilever	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	verizon	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	109000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Royal Dutch Shell	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Rio Tinto	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Electrocomponents	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Barclays	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Balfour Beatty	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Matchett	Gerald	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	8pointpartners LP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$200,000	No Conflict Identified
Mathew	Sunil	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UTHealth School of Public Health	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Conduct of Research, Not Affiliated with UTSW</p>	<p>OAE Approved</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Other relationship with a Non UTSW entity</p>	<p>OAE Approved</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Primary employment is a Non UTSW position</p>	<p>OAE Approved</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>113300</p>	<p>OAE Approved</p>

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Mattingly	Kelly	5067- CONSTRUCTIO N PROJECT COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Independent Electrical Contractors of Dallas(IEC)	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Mattingly	Laura	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Lincoln Memorial University Harrogate Physician Assistant Program	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Mattrey	Robert	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of California, San Diego	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Matulevicius	Susan	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Lawyers for Children	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Mau	I-Fan	710TS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NCVS.org	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pan American Vocology Association	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Inovio Pharmaceuticals	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Mauer	Caitlin	U1546-MGR CANCER GENETICS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Society of Genetic Counselors	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	OmmDom	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Under COI Office Assessment
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medneon	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Mayberry Memorial	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Maxwell	Daniel	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	North Texas VA Hospital	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	US Army National Guard	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Mayberry	Jordan	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Kingsley Clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Maybery	Sean	1043-EAP SPEC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alpha Omega Counseling, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Mayo	Marlyn	710CS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Target Pharmasolutions	Review Complete - Mgmt. Plan Issued
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Review Complete - Mgmt. Plan Issued

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	<p>Review Complete - Mgmt. Plan Issued</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Mallinckrodt Pharmaceuticals</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>GlaxoSmithKline LLC</p>	<p>Review Complete - Mgmt. Plan Issued</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>Review Complete - Mgmt. Plan Issued</p>

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Cymbay Therapeutics</p>	<p>Review Complete - Mgmt. Plan Issued</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>Review Complete - Mgmt. Plan Issued</p>

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Mirum Pharmaceuticals</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
McAdams	Jillian	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Faircode Associates	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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McAllister	Emily	1026P-ADV PRAC RN - PRN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Woman's University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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McArthur	Heather	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck Sharp & Dohme Corporation	No Conflict Identified
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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>ELI LILLY AND COMPANY</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (No activity planned)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Immunomedics</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Pfizer Inc</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Seattle Genetics Inc</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
McBroom	Mandy	2312- INFECTION PREVENTIONIS T	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Statistical Consultation and Medical Writing	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
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McClintock	Shawn	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Duke University School of Medicine	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pearson Assessment	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	International Neuropsychological Society	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
McColl	Roderick	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American College of Radiology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
McCormick	James	4804-POSTDOCTORAL RESEARCHER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Illumina, Inc.	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	Under COI Office Assessment
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$5,000 - \$10,000	Under COI Office Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Southern Methodist University</p>	<p>OAE Approved</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>OAE Approved</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Academic Teaching</p>	<p>OAE Approved</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$5,000 - \$10,000</p>	<p>OAE Approved</p>

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Last Name	First Name	Job Title	Question	Response	Question Review Status
McDonagh	David	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cyban Pty Ltd.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
McDougald	Erin	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	National Association of Pediatric Nurse Practitioners: Greater Texas Chapter	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Approved (OAE)

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Last Name	First Name	Job Title	Question	Response	Question Review Status
McFadden	David	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Moderna Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
McGarrahan	Antoinette	781VF- CLINICAL ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Mesquite Police Dept	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
McHugh	Mary	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pieces Tech	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	385000	No Conflict Identified
Mclver	Johnathan	9314-MGR QTY IMPROV ANALYTICS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Collin College	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	N/A
McKellar	Heidi	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	prn hospice work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	prn medical services for maintenance of certification	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
McKenna	Megan	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baylor College of Medicine (Houston, Texas)	Under COI Office Assessment

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	Under COI Office Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Under COI Office Assessment
McKenzie	Lauren	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Acorda Therapeutics Inc	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbVie Inc	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
McKnight	Steven	710RS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PNT biotech aka Nura Bio	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Atengen	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hexagon Bio, INC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	FLARE THERAPEUTICS INC.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
McLaughlin	Donald	U1015-ASSIST VP SUPP SVCS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Centrak	Supervisor Approval Sought
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Supervisor Approval Sought
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	Supervisor Approval Sought

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	Supervisor Approval Sought
McNutt	Markey	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Aeglea Biotherapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	BioMarin Pharmaceutical Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Rhythm Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Horizon Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Applied Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cycle Pharma	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ultragenyx Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Noble Insights	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Melendez	Lindsey	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	instructional connections academic coach	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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Melick	Chase	5886-GSR - Genetics Dev and Disease	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Precision Research	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	OAE Approved

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Menchaca	John	Medical Student	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The University of Texas Health Science Center at Houston School of Public Health	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Elpidatec Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Mendell	Joshua	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	CIRC BIO, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
Mendelson	Carole	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Member of the Executive Committee and President-Elect of the Society for Reproductive Investigation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Mender Ogunrinde	Ilgem	750WO- ASSISTANT INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	DCCCD Richland College	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Maia	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
Menendez Caravia	Xurde	4804- POSTDOCTORAL RESEARCHER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ediciones Trabe, S.L.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified

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			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Gifts Valued at Greater Than \$50	No Conflict Identified
Merchant	Kanwal	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Sensogram technologies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
Merriman	Karen	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas-Arlington	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified

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Messahel	Souad	4362-MGR RESCH PRGMS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Varyfii imaging	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Mettlen	Marcel	720RS-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Andor Technologies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Michael	Meghan	730CN- ASSISTANT PROFESSOR	<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Oral Surgery Group	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	300,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Plano Pediatrics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
Mickey	Bruce	760WO-PROFESSOR EMERITUS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Department of Neurosurgery, Aarhus University Hospital	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Middleton	Emily	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ABPTRFE	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Evolus	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Mikkelson	Gala	U9343-MGR ADMNTV SUPV HOSP OPS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Luxe medical spa	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Miller	Erlene	787VF- ADJUNCT INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Social & Scientific Systems, Inc., a DLH Holdings Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	Salary	No Conflict Identified
Miller	Michael	4401-POP SCI DATA ANALYST_II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tarrant County College	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	OAE Approved
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tarrant County College	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	Under COI Office Assessment

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	Under COI Office Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$60,000 - \$80,000	Under COI Office Assessment
Miller	Shaylon	1037-RESCH RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medical City of Plano	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Mills	Janith	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Academy of Physician Assistants	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	Approved (OAE)
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Physician Assistant Board	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	Approved (OAE)
Minassian	Berge	790TT- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sentero Pharma	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Minna	John	706TT-PROFESSOR & DIRECTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Free to Breathe (Lung Cancer Research Foundation)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Journal of the National Cancer Institute (JNCI)</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Neuroendocrine Tumor Research Foundation (NETRF)</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Orbit Genomics</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>National Cancer Institute, National Institutes of Health</p>	<p>Under COI Office Assessment</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>Under COI Office Assessment</p>

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Under COI Office Assessment
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$10,000 - \$20,000	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Translational Oncology Journal (Elsevier)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>UCLA Jonsson Comprehensive Cancer Center</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of California at San Diego (UCSD) Moore's Comprehensive Cancer Center	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	V Foundation	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>American Association for Cancer Research (AACR)</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	PLOS One Journal	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Vanderbilt Ingram Cancer Center	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Wolters Kluwer	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Inseego, INSG	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	QIAGEN Sciences LLC, QGEN	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AMRS	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Quidel Corporation, QDEL	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	InMode INMD	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AmerisourceBergen Drug Corporation, ABC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ardx	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	JNJ	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Moderna MRNA	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Novavax, Inc. NVAX	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Case Western Reserve University School of Medicine	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cold Spring Harbor Laboratory Press	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Mireles	Melissa	9109-PROJ MGR - FINA AFFAIRS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of the Southwest	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	N/A
Mirus	Carl	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Partners in Deaf Health, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Mitchell	Mack	0247-VP MEDICAL AFFAIRS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amygdala Neuroscience	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Alcoholic Beverage Medical Research Foundation</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>United Healthcare Group</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Covered Family (A family member performs the activity or maintains the financial interest)</p>	<p>No Conflict Identified</p>

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Moderna	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Chronic Liver Disease Foundation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dicerna Pharmaceuticals	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Intuitive Surgical	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Mallinckrodt LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Mithani Kukreja	Rozina	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Intuitive Surgical Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$0	No Conflict Identified
Mocherla	Satish	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	BASIN INFECTIOUS DISEASE ASSOCIATES, PA	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$5,000 - \$10,000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Modrall	John	710CS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Crenshaw, Dupree & Milam, LLP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	von Diezelski & Turgeon	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Atwood, Malone, Turner & Sabin, P.A.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Moe	Orson	706TT- PROFESSOR & DIRECTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alnylam	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Mollingspuentes	Cira	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UWORLD LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Monogue	Marguerite	U9747-CLIN PHARM SPEC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Wolters Kluwer	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Hartford Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Monson	Nancy	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Genentech Inc	Under Escalated Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under Escalated Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	Under Escalated Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	TGM, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	EMD Serono Inc	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Speaking, Training, or Proctoring</p>	<p>Under COI Office Assessment</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	<p>Under COI Office Assessment</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>VielaBio, Inc.</p>	<p>Under COI Office Assessment</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>Under COI Office Assessment</p>

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	Under COI Office Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Under COI Office Assessment
Moon	Tiffany	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bravo- Real Housewives of Dallas	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tiffany Moon	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Three Moons Wine	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Moore	Lakrecia	1037-RESCH RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Labcorp Employer Services	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Moore	Sara	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas At Arlington	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Mootha	Venkateswara	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Srikiran Institute of Ophthalmology	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Mootz	Ann	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson and Johnson International	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$150,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Proctor & Gambel	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$150,000	No Conflict Identified
Moreno	Wilmer	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck Sharp & Dohme Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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Moresco	James	730RS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Levo Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Morey	Allen	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Boston Scientific Corporation	COI Identified - Committee Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$10,000 - \$20,000	COI Identified - Committee Review
Morgan	Howard	6801-CLINICAL FELLOW - ACGME	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	TD Ameritrade	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
Morlend	Robert	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Community Homes for Adults, Inc (Dallas, TX)	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Approved (OAE)

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Jewish National Fund	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	Approved (OAE)

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Arizona State University Thunderbird School of Global management</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Covered Family (A family member performs the activity or maintains the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	World Affairs Council	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Jewish Committee	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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Morrison	Sean	706TT- PROFESSOR & DIRECTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Frequency Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Protein Fluidics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	New York Attorney General's Office	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Iowa Attorney General's Office	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Nebraska Attorney General's Office	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Kojin Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ona Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Garuda Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Mortensen	Eric	784VF- ADJUNCT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Shionogi Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Muhire Gihana	Gabriel	4804- POSTDOCTORAL RESEARCHER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Afrisnet.Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated)	No Conflict Identified
Mukkavilli	Venkata	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	investment-stocks	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Genentech Inc	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Banner Life Sciences LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Munoz-Blanco	Sara	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Team Beachbody	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Murphy	Caitlin	785VF- ADJUNCT ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Freenome Holdings, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Nair-Gill	Evan	730TA-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ImmunoDesigners	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10,000	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$20,000 - \$40,000	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$1 - \$4,999	No Conflict Identified
Najafov	Ayaz	730TA- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Elsevier	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Nam	Tina	4101-MGR STRATEGIC SOURCING	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Rover - Dog Boarding	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Nam	Yunsun	720TT-ASSOCIATE PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Storm therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	28-7 Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$5,000 - \$10,000	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Vida Ventures	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ribometrix, Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Nandi	Nilay	740RS- INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Southern Methodist University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas ISD	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	N/A
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Napier	Rebecca	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ligorio Napier Enterprise	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Nasir	Dawood	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Speciality Care clinic, Forest Park, Dallas, Texas.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Nassi	Lorien	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PFIZER PHARMACEUTICALS LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Navar	Ann	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NOVARTIS PHARMACEUTICALS CORPORATION	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Novo Nordisk Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Boehringer Ingelheim	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AstraZeneca Pharmaceuticals LP	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Swift Clinical Sciences	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amarin Pharma Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	SANOFI US SERVICES INC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amgen Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Janssen Pharmaceuticals Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Esperion	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	89 Bio	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Navarro	Kenneth	9809-EMER MED SVC TRNG SPEC III	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Heart Association	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Prehospital Guidelines Consortium	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tarrant County College	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Neal	Christi	9025-ADMNTV ASSOC SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	City of Kemp	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	N/A
Nelson	Angela	8105-PRGM COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Taysha Gene Therapies	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Nelson	Benjamin	6801-CLINICAL FELLOW - ACGME	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Diversified Stock Investments - Listed Below	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

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Nelson	David	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	american board of obstetrics and gynecology	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Approved (OAE)

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			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	Approved (OAE)
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Approved (OAE)

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Nelson	Leslie	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Biogen Inc	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	OAE Approved

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Scholar Rock, Inc	COI Identified - Retrospectice Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospectice Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Retrospectice Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	COI Identified - Retrospectice Review

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Avexis, Inc	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved

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Nero	Alecia	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Global Blood Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bluebird Bio Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	GLOBAL BLOOD THERAPEUTICS, INC.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Editas Medicine	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Nesbitt	Shawna	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amgen	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Nesiama	Ediri	1370-CLIN DATA SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	DocAssist	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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Nesiama	Jo-Ann	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	PEMQBOOK LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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Newcomer	Kelley	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	VNA Hospice Medical Director	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	Conflict Managed

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Newton	Chad	730CS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Boehringer Ingelheim Pharmaceuticals, Inc	Review Complete - Mgmt. Plan Issued
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Review Complete - Mgmt. Plan Issued
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Review Complete - Mgmt. Plan Issued

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	Review Complete - Mgmt. Plan Issued
Nguma	Chidimma	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ascension Homecare Solutions, LLC	COI Identified - eReview

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	COI Identified - eReview
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - eReview
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	COI Identified - eReview
Nguyen	Ha	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Arlington	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Nguyen	Hoang	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Rush University Medical Center	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medical Intelligence Society	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Ni	Min	730RS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boston Children's Hospital	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	FORMA Therapeutics, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Nicastro	Daniela	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Gerson Lehrman Group, Inc (GLG)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	cryoET 101	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	National Institutes of Health (NIH)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Nichols	Michelle	730CN-ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Health Texas Provider Network	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	>\$200,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Radiology Associates	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	>\$400,000	No Conflict Identified
Niederstrasser	Hanspeter	4405-RESCH SCIENTIST SR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bristol-Myers Squibb Company	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Nijhawan	Ank	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck Sharp & Dohme Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Barricade Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Hexagon Bio	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Nijhawan	Deepak	720TT-ASSOCIATE PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Merck Sharp & Dohme Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Barricade Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hexagon Bio	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	COI Identified - Committee Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	COI Identified - Committee Review
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	COI Identified - Committee Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Nishiyama	Takahiko	4804- POSTDOCTORAL RESEARCHER	28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Japan Heart Foundation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The uehara memorial foundation	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Nivet	Marc	0916-EVP INSTITUTIONAL ADVANCEMENT	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kaiser Permanente Bernard J. Tyson School of Medicine	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Psychiatric Association	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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Noe	Carl	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University Sugical Partners	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
Norgard	Michael	705TT- PROFESSOR & CHAIR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Capricorn Products, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Norris	Ron	U1070-DIR HOSPITAL OPERS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Southwest University at El Paso	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Novakovic	Roberta	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Society of Vascular and Interventional Neurology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Nowak	Jeffrey	1776-MGR ADV PRACTICE PROVIDERS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Novartis Pharmaceuticals Corporation	Complete without Disclosure
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Complete without Disclosure
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Complete without Disclosure

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Complete without Disclosure
Nwachukwu	Chika	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Boston Scientific Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	Hourly rate based on services, do not anticipate more than \$4999	No Conflict Identified
Nwoka	Eunice	1648-HISTOLOGY TECHNSR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Parkland Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
Ochoa Arenas	Cristhiaan	782VF- CLINICAL ASST PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Wealthfront Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$5,000 - \$10,000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Yieldstreet	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Ochoa	Courtney	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	VIC Technology Venture Development	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Odedosu	Kehinde	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Zitter Insights	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Odeh	Jaffer	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Verathon Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
O'Donnell-Mendell	Kathryn	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ribometrix, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Ofomata	Ikechukwu	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	METROCARE SERVICES	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	235,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	FIELDWORK	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Gifts Valued at Greater Than \$50	No Conflict Identified
Oh	Dayoung	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Latham and Watkins, LLP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Oilepo	Rhonda	10126-ASSIST VP HUMAN RESCH ADMIN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AAHRPP - Association for the Accreditation of Human Research Protection Programs	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Travel required for any activity/interest	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List</p>	\$1-\$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Okada	Pamela	710CN-PROFESSOR	<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Tulane University Health Sciences	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cairn University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	PEMQBOOK LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Perot Museum Board	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
Oke	Oluwaseun	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Children's Health, Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$60,000 - \$80,000	No Conflict Identified
Okorodudu	Dale	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	DoctorDale Agency LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>License/Royalty Agreements (Intellectual Property)</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Speaking, Training, or Proctoring</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Travel required for any activity/interest</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>>100,000</p>	<p>No Conflict Identified</p>

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$20,000 - \$40,000	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Med School Recruiter LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
Okuda	Darin	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Janssen Pharmaceuticals Inc	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
O'Leary	Jacqueline	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Gilead Sciences Inc	OAE Denied

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Denied
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	OAE Denied
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	OAE Denied
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AbbVie Inc	OAE Denied

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Denied
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	OAE Denied
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	OAE Denied
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Mallinckrodt LLC	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Allergan Inc (which was bought out this year by Abbvie). But the CRO Synos pays me.	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	CVS	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Astellas Taiwan	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Astellas Canada	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Oliver	Jacob	Medical Student	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Kilgore & Kilgore	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Olotu	Olusesan	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Essencia Family Practice and Immediate Care Clinic	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Olson	Daiwai	710RS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Department of Defense	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	COI Identified - Committee Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Olson	Eric	705TT- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cardurion Pharmaceuticals	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Howard Hughes Medical Institute	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Stowers Institute for Medical Research	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Tenaya Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Vertex Pharmaceuticals Incorporated	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$180,000	Conflict Managed

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Column Group	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$40,000 - \$60,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
O'Malley	Kyle	RES-RESIDENTS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Eili Lilly and Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	~\$150,000 salary	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
O'Neal	Lori	8102-PRGM COORD SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Investment Accounts with online brokerage	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	145,000	No Conflict Identified
Opamen	Mark	4453-ANIMAL TECHN SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Here For You Notary	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Jaboing-boing	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Orlino	Angela	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Brother Bill's	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Orozco	Lynne	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Hope Clinic of Garland	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	125,000	No Conflict Identified
Ortigoza	Eric	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Florida Research Foundation, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
Osborne	Candice	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Imperative Care	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Oscarson	Donna	9118-SUPV FINA ANLYS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Kohl's	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Osman	Mohamed	787VF- ADJUNCT INSTRUCTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas health Physicians Group	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	More than 100000	No Conflict Identified
Osornio	Laura	U4512-REG DIETITIAN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Children's Health	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Otto	Joseph	4406-RESCH SCIENTIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Creatics LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Otwinowski	Zbyszek	710RS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	HKL Research Inc	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Conflict Managed
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$10,000 - \$20,000	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ligo Analytics	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Conflict Managed
Overstreet	Sterling	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Victoria Emergency Associates, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Tech University Health Science Center	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Non-UTSW Faculty Appointment</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (No activity planned)</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Texas College of Emergency Physicians</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Oyedapo	Deborah	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Promise of Peace Community Gardens	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Oz	Orhan	790CS- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	International Society of Clinical Densitometry	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Pace	James	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Arthrex Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
PAHLAVANI	MANDANA	4804- POSTDOCTORAL RESEARCHER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Christian University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Pappas	Samuel	730RS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Thermo Fisher Scientific Asheville LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
Parikh	Samir	790TT- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cytokinetics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Aerpio	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	<p>Under COI Office Assessment</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	<p>Under COI Office Assessment</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Janssen Pharmaceuticals Inc</p>	<p>Under COI Office Assessment</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>Under COI Office Assessment</p>

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	<p>Under COI Office Assessment</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	<p>Under COI Office Assessment</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Mission Therapeutics</p>	<p>OAE Approved</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>OAE Approved</p>

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	OAE Approved
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UptoDate	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Under COI Office Assessment
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UpToDate	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Under COI Office Assessment
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Under COI Office Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	Under COI Office Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	NovMetaPharma	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Park	Chunjoo	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Yonsei University, School of Medicine	Under Escalated Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under Escalated Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	Under Escalated Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Under Escalated Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Park	Denise	784VF- ADJUNCT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	McKesson Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$500,000?	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Park	Jae Mo	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UT Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Park	Jason	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Miraca Holdings	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	Unsure of travel	No Conflict Identified
Parker	Sherry	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Aetio Biotherapy Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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Parrish	Christopher	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Magellan Rx Management	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	Under COI Office Assessment

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	Under COI Office Assessment
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Takeda Pharmaceuticals USA Inc	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Under COI Office Assessment
Parson	Shonquatta	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	John Peter Smith Hospital - PRN and CompHealth Staffing Agency - Locum	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Parsons	Stephanie	U1083-UTILIZATION REVIEW NURSE	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medical City Dallas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Methodist Dallas Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Pascual	Juan	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Fundacion Ana Carolina Diez Mahou (Madrid; non-profit)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Patel	Hetalkumar i	U9747-CLIN PHARM SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AstraZeneca Pharmaceuticals LP	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Patel	Hiral	U6008-RN PRACTITIONER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Medical City Dallas Heart and Spine Hospital</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Part-Time Employment or PRN Work</p>	No Conflict Identified

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Patel	Kalpesh	730CN- ASSISTANT PROFESSOR	38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Johnson and Johnson International	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Novartis Pharma AG	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AmerisourceBergen Drug Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cerner Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson and Johnson International	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Novo Nordisk Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Novartis Pharma AG	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott Laboratories	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
Patel	Prapti	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Onc Live	Supervisor Approval Sought
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Supervisor Approval Sought
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Supervisor Approval Sought

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Supervisor Approval Sought
Patel	Rhusheet	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Silk Road Medical Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Patel	Shivani	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stryker Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	500000	No Conflict Identified
Patel	Suraj	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Beth Israel Deaconess Medical Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Conduct of Research, Not Affiliated with UTSW</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Patel	Toral	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>GT Medical Technologies</p>	COI Identified - Committee Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	COI Identified - Committee Review

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	COI Identified - Committee Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	COI Identified - Committee Review
Patel	Vishal	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Maze Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Patterson	Abigail	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Catholic Physicians Guild of Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Pawlowski	Krzysztof	740RS- INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Warsaw University of Life Sciences-SGGW	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Nasza Strefa	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Lund University	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Pearle	Margaret	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Board of Urology	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Approved (OAE)

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Endourological Society	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Approved (OAE)
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	Approved (OAE)

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Pedrosa	Ivan	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merk	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Planning Shop	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 to myself. Company will make a \$500 donation to the Society for Advanced Body Imaging (SABI) on my behalf)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Health Tech International Solutions Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	stock options	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Peltz	Matthias	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic USA Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of Texas at Arlington	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bridge to Life, Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Southwest Transplant Alliance	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Pepin	Eric	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Concorde Career College	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Perdue	Matthew	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Traditions Behavioral Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Perez Fontan	Julio	760WO-PROFESSOR EMERITUS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	3M Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bristol-Myers Squibb Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Gilead Sciences Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Honeywell Int. Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	McKesson Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Oracle Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Perez	Kevin	9901-STU ASSIST I	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Clover	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	David Geffen School of Medicine at UCLA	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Perl-DeLisle	Trish	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Botanix Pharma	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Henry Ford Health Systems	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Johns Hopkins University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Sempra LNG	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Peshock	Ronald	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ABBVIE INC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$60,000 - \$80,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ASTRA USA INC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	GENERAL ELECTRIC CO	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	JOHNSON & JOHNSON MEDICAL INC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	MERCK & CO INC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PFIZER INC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Peterman	Mark	RESCO-RESEARCH STUDY COORDINATOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cardiovascular Provider Resources	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	420000	No Conflict Identified
Peters	Craig	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Elsevier/MC Strategies	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Laborie Medical Technologies Corp	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Peters	Mark	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	TETAF	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	baylor scott and white	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Peterson	Eric	10100-VICE PROV & SR ASSOC DEAN CR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amgen Inc	COI Identified - Committee Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	COI Identified - Committee Review
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Janssen Pharmaceuticals Inc	COI Identified - Committee Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	SANOFI-AVENTIS US LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bristol-Myers Squibb Company	COI Identified - Committee Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ABIOMED	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Swift Clinical Sciences	COI Identified - Committee Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	COI Identified - Committee Review

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	EKO Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Novo Nordisk AS	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	livongo	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Metro Medical INC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Berringer Ingelheim	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Petric	Jan Karel	8801- RESIDENT - HEALTH PROFESSIONS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pegasus Waterpolo Academy	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Petroff	Patricia	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Plano Sports Authority	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Peyton	Michael	4405-RESCH SCIENTIST SR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	GlaxoSmithKline LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Pfeifer	Dennis	0331-ASST VP CTO HLTH SYS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ANALOG DEVICES INC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	INTEL CORP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AMERICAN AIRLS	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	WALT DISNEY CO	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ford Motor Co	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Target Corp	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified

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Pham	An	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	bluebird bio	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Phan	Michael	U0539-SENIOR PHARMACIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Encompass Health Rehabilitation Hospital	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Phillips	Elizeva	1169-NUCLEAR MEDICINE TECHNGST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baylor Scott & White Health Care System	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Phillips	Francesse May	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Woman's University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Phillips	Lauren	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ACI clinical	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Phillips	Margaret	705TT- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	McGraw-Hill Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Agilent	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bank of America	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bio Rad Labs	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	181296	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Exxon Mobil	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	General Electric Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ingevity Corp	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	IBM	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson and Johnson International	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Keysight Techs Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kraft Heinz Co	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck and Co	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Mondelez Intl	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Vodafone group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Westrock Co	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
Phinney	Natalie	5895-GSR - Cancer Biology	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Blackrock Health Sciences Trust II	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
Pierce	Ava	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Society for Academic Emergency Medicine (SAEM)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Pierre	Trinette	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American College of Healthcare Executives	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Pinkham	Amy	785VF- ADJUNCT ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The University of Texas at Dallas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$123,000	No Conflict Identified
Pirzadeh-Miller	Sara	U6404-ASSOC DIR CANCER GENETICS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	CancerGene Connect (royalties from Invitae, the licensee)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	National Society of Genetic Counselors Board of Directors position (Director at Large)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Mayberry Memorial Foundation - Advisory Board</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Pitman	Jennifer	9159-SUPV GRANTS/CONT SPECIALISTS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Phastar	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	130,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Pittenger	Michele	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Vogel Alcove	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Pittman	Danielle	1037-RESCH RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	To The Point Calligraphy	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Podolsky	Daniel	0200-PRESIDENT	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Agilent Technologies Inc	Review Complete - Mgmt. Plan Issued
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Review Complete - Mgmt. Plan Issued
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Review Complete - Mgmt. Plan Issued
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	200,000	Review Complete - Mgmt. Plan Issued

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Antibe Therapeutics, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Council of Teaching Hospitals (COTH) AAMC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas Citizens Council	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas Regional Chamber of Commerce	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Dedman Foundation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Hoblitzelle Foundation</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>No Conflict Identified</p>

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Massachusetts General Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Southwestern Medical District	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Southwestern Medical Foundation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Pong	Rey-Chen	4406-RESCH SCIENTIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The University of Texas Health Science Center at Houston-Texas Therapeutics Institute	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Poole	Alan	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Masimo Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
Poon	Yi Kee	U5602-CLIN STF PHARMACIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Aspen RxHealth	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Pop	Radu	782VF- CLINICAL ASST PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Insight & Change, PLLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$100,000 - \$125,000	No Conflict Identified
Pouratian	Nader	705TT-PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott Laboratories	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Alfred Mann Foundation</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alfred E Mann Foundation for Scientific Research	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Second Sight Medical Products Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boston Scientific Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Power	Casey	1035-RESCH RN SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Health Resources	Complete without Disclosure
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Complete without Disclosure

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	Complete without Disclosure
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	Complete without Disclosure
Pratt	Kathryn	1045-CLIN PRGRM COORD SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Network of Community Ministries	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	City of Richardson (TX) Police Department	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	All Saints Catholic Church	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Preihs	Christian	RASSO-RESEARCH ASSOCIATES	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	VitalQuan LLC	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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Preminger	Samuel	4374-CLIN RESCH COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for your convenience.	[cv = current value of investment as of 9/23/2020] AMC Entertainment (cv = \$99.00); Anheuser-Busch (cv = \$106.32); Callon Petroleum (cv = \$104.80); Helios and Matheson Analytics (cv = \$5.00); Index Oil & Gas (cv = \$1.20) JetBlue Airways (cv = \$105.21); Penny J C corp Inc. (cv = \$103.10); Norwegian Air Shuttle (cv = \$44.00); Occidental Petroleum Corporation (cv = \$86.40) Plyzer Technologies Inc. (cv = \$10.00)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Pride	Glenn	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cerenovus	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Primeaux	Sharon	4405-RESCH SCIENTIST SR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of Texas at Dallas	Complete without Disclosure
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Complete without Disclosure
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	Complete without Disclosure

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Pritt	Stacy	10010-ASSIST VP COI & IACUC	<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American College of Animal Welfare	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Veterinary Medical Association	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Americans for Medical Progress	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dana Farber Cancer Institute	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	>\$100,00	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Elm Hill Breeding Labs	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	FabGennix	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Public Responsibility in Medicine and Research	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Southern Methodist University	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American College of Animal Welfare	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Christian University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Society for Laboratory Animal Practitioners	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>AAALAC International</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Lundquist Institute for Biomedical Innovation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Pritzker	Karen	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Woman's University	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	Under COI Office Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	Under COI Office Assessment
Pruitt	Sandi	720TT-ASSOCIATE PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	UTHealth School of Public Health	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Pruszynski	Jessica	730RS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AccNav Systems LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Puchkors	Rebecca	U6007-MGR NRSG	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AMERICAN PSYCHIATRIC NURSES ASSOCIATION	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	N/A
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Women's University	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	N/A
Pudasaini	Ashutosh	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	GenomeDesigns Laboratory LLC	Review Complete - Mgmt. Plan Issued
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Review Complete - Mgmt. Plan Issued
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	Review Complete - Mgmt. Plan Issued

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$60,000 - \$80,000	Review Complete - Mgmt. Plan Issued
Query	Ross	705CS- PROFESSOR & CHAIR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	TradeWay	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Quiceno	Guillermo	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Janssen Pharmaceuticals Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	285,000	No Conflict Identified
Quigley	Raymond	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	TCU School of Medicine	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Quinn	James	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	My Face Doctor	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Quirk	Lisa	4367-MGR CLIN RESCH	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas College	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Racelis	Ezrhie	4377- RESEARCH STUDY COORDINATOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kingston University London	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Radwan Hussien	Abdelmohsen	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Saturna capital mutual funds	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Rafferty	Michael	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	North Texas Society of Psychiatric Physicians	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Rafique	Adnan	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Samaz holdings LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	docwithpop website for motivational purpose	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The orendamedia	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Ragsdale	Kellen	9195-MGR BUS DEV TECH DEV	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Renovo Concepts Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$0	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Charted Scientific Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
Rahimi	Assal	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	TEMA sinergie (Distributor for Italian Radiation Therapy) and University of Udine in Italy	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Raj	Ganesh	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	etiraRx	Conflict Managed

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	Conflict Managed
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	Conflict Managed
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	Conflict Managed
Rajaram	Satwik	730TA- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Rarecyte	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Raju	Shiny	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UT Arlington	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Ramakrishnan Geethakumari	Praveen	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kite Pharma, Pharmacyclics LLC, Rafael Pharma	COI Identified - eReview
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - eReview

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - eReview
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	COI Identified - eReview
Ramello	Natalie	0284-VP INSTITUTIONAL COMP	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Tech University Health Science Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Ramirez	Charina	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Retrophin Inc (Name has now changed to Traverre Therapeutics)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$5,000 - \$10-000</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Alexion Pharmaceuticals Inc</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Orphazyme</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Ramos	Enrique	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	united states anesthesia providers	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Ramos	Shelley	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Juvenile Diabetes Research Foundation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>United Anesthesia Partners</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Covered Family (A family member performs the activity or maintains the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
Ranjha	Shahera	4377- RESEARCH STUDY COORDINATOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Lifepath Systems	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Rao	Aparna	4411-RESCH ASSOC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Peter MacCallum Cancer Centre	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$60,000 - \$80,000	No Conflict Identified
Rashdan	Sawsan	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Turning Point Therapeutics	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed
Raspovic	Katherine	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Orthofix International NV	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Rathjen	Karl	710CN- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Mati Therapeutics, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
Ratliff-Yahyavi	Carrie	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Covenant Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cook Childrens	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
Ravnik	Stuart	0325-ASSOC DEAN, UTSW GRAD SCHOOL	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Society of Biochemistry and Molecular Biology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Travel required for any activity/interest	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Ray	Garrett	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baylor University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Ready	Joseph	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Lone Star Heart	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Peloton Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Nura Bio	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Rodeo Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$60,000 - \$80,000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1M	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ProUnlimited/Amgen	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Rebstock	Sarah	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Interface Media Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
Reddy	Sangeetha	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Daiichi Sankyo Inc	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	Conflict Managed
Reiman	Lionel	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Synexus	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Reimold	Andreas	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Med Learning Group	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Reimold	Sharon	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Heart Association	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Reyes	Aracelis	U2830-SUPV TUMOR RGSTRY	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	USPI Baylor Frisco	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	N/A
Rezigh	Austin	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	North Dallas Shared Ministries Free Medical Clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Reznik	Scott	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Onconano	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Rice	Samuel	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NeuWave Medical Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Ricky	Gabrielle	6138-DIETITIAN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Outside entity is myself	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	N/A
Riggs	Kayla	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Medical Association	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Riley	Angelia	4359-MGR SCCC CRO REG ADMIN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boston Scientific Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck Sharp & Dohme Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	GlaxoSmithKline LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Rinaldi	Robert	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Calderhead, Lockemeyer & Peschke Law Office	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Rinnert	Kathy	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American College of Surgeons-Committee on Trauma	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
Rios	Lupita	5892-GSR - Neuroscience	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pita's Planters	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Rittenberry	Ronnie	8604-MGR MKTG COMM	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Mensa Ltd.	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	N/A
Ritter	John	4405-RESCH SCIENTIST SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amgen Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Rizo-Rey	Jose	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Max Planck Institute for Biophysical Chemistry	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Institute of Biological Chemistry, Academia Sinica	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	STXBP1 disorders Foundation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Reata Pharmaceuticals, Inc.</p>	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed
Roaten	Kimberly	710CN-PROFESSOR	<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Robbins	Mona	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Southern Methodist University	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	WFAA Monday Motivation Team	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Roberson	Dana	545-NURSE ANESTHETIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alpha Omega Anesthesia Associates, PLLC	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	USAP U.S. Anesthesia Partners	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Travel required for any activity/interest	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List</p>	\$0	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AYA Healthcare	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Travel required for any activity/interest	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List</p>	unknown	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Roberts	Taylor	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	DesignPlex Biomedical LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Robinson	Diana	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medical City North Hills Hospital	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Robinson	Sean	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Men's T Clinic	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Roche	Vivienne	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Society of Pediatric Hematology/Oncology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Rodder	Susan	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Health Resources	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Health Resources Dallas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Rodriguez	Aurelio	9157-GRANTS & CONT SPEC SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bio North Texas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Rodriguez	David	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PEMQBOOK LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Roe	Christopher	0633-DIR ADV PRAC PROVIDERS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Wilmington University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	DBI Partnership, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Roehrborn	Claus	705TT- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boston Scientific Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	GlaxoSmithKline LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Teleflex Incorporated	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified

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			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Speaking, Training, or Proctoring</p>	Conflict Managed

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medeon Bio	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Rofsky	Neil	705TT- PROFESSOR & CHAIR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	InSightec, Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medscape	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	GE Healthcare	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (No activity planned)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Philips Electronics North America Corporation</p>	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	Conflict Managed

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Rogers	Frances	9016-MGR ADMIN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Lasker Foundation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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Rogers	Thomas	4804- POSTDOCTORAL RESEARCHER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	DeciBio	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Rogers	Zora	760WO-PROFESSOR EMERITUS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Society of Pediatric Hematology Oncology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Academy of Pediatrics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Up To Date published by Wolters Kluwer</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Celgene Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>National Marrow Donor Program (NMDP) as agent for the NIH BMT CTN</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Leidos as agent for Department of Defense Bone Marrow Failure Research Program</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Novartis Pharma AG	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	California Institute for Regenerative Medicine	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Society of Hematology (ASH)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Rohatgi	Anand	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	J.P. Morgan	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Roland	Peter	760WO-PROFESSOR EMERITUS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Med El	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Academic Teaching</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Part-Time Employment or PRN Work</p>	<p>No Conflict Identified</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Speaking, Training, or Proctoring</p>	<p>No Conflict Identified</p>

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$110,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Oticara	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Institute for Cochlear Implant training	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Roller	Julie	4440-MGR ANIMAL CARE	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Branch of the American Association of Laboratory Animal Science (TBAALAS)	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	N/A

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	N/A
Roman	Emily	1757-LEAD NON-PHYSN PROVIDER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Astra Zeneca	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pharmacyclics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ipsen	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Adaptive Biotech	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Rigel	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bayer	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Janssen Oncology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Seattle Genetics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Romero	Martha	4411-RESCH ASSOC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regenerative Bioelectronics inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Rorer	Amy	U9656- SPECIALTY CLIN STF PHARMACIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Everest Rehabilitation Hospital of Keller	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Rosario Nieves	Emmanuel	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Institute of Neuropsychological Healthcare, PLLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Rosen	Michael	705TT- PROFESSOR & CHAIR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Faze Medicines	COI Identified - Committee Review (NIH)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review (NIH)
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	COI Identified - Committee Review (NIH)

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review (NIH)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	COI Identified - Committee Review (NIH)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	COI Identified - Committee Review (NIH)
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	COI Identified - Committee Review (NIH)

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	St. Jude Children's Research Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Faze Medicines	COI Identified - Committee Review (NIH)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	COI Identified - Committee Review (NIH)
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review (NIH)
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	COI Identified - Committee Review (NIH)

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Karyopharm Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	2021 Symposium on Biomolecular Condensates	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Rosenbaum	Daniel	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Lydian Neurosciences	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	White Rock Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Rosenberg	Roger	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Vitruvian Inc. License for vaccine with UT Southwestern	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Rosenberger	Paul	740RS- INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	McKesson Corporation	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	Under COI Office Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	130,000	Under COI Office Assessment

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	National Association of EMS Educators	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Tarrant County College	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of North Texas - Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10,000	No Conflict Identified
Rosenfeld	Charles	760WO-PROFESSOR EMERITUS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$20,000 - \$40,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Teva Pharmaceuticals USA Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
Rosenstein	Leslie	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Consulting	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Wiley & Brothers (publisher)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Rosero	Eric	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UpToDate	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified

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Roth	Brett	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Carrollton Regional Medical Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pearl in San Antonio	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$60,000 - \$80,000	No Conflict Identified
Roth	Lori	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Lynx group/ Eidos pharmaceuticals	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed
Rowell	Amy	4367-MGR CLIN RESCH	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PFIZER INVESTMENT CO LTD	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Roy	Dave	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	National Institutes of Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified

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Royster	Jamie	8110-TRNG COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas A&M University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Rubitschung	Katie	4415-RESCH TECHN II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Common Stocks	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Rugg	Michael	784VF- ADJUNCT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of East Anglia	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	No Conflict Identified
Ruggiero	Rosechelle	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Board of Internal Medicine	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Kilgore Law	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Ruiz	Julio	4406-RESCH SCIENTIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Dallas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Russ	William	CONSULTANT	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Evozyne, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Russell	David	9997-PROFESSIONAL TEMP	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Howard Hughes Medical Institute	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cold Spring Harbor Laboratory Press	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Rutherford	John	0250-VICE PRESIDENT	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Heart Association	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Ryan	Anne	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Precision Research	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Ryan	Matthew	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>american academy of otolaryngic allergy</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Sanofi	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Optinose US Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Sabari	Benjamin	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AlphaSights	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Sabnani	Diya	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Harborside/Jadpr o	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Sachs	Arlene	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Academic Bridges, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Sadek	Hesham	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Nanocor	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Sadler	John	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbie Meyering PhD - Preston Center Counseling Associates	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	300,000	No Conflict Identified
Saha	Debabrata	720RS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UT Arlington, Arlington, TX	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Sakhaee	Khashayar	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Renal Care and Research	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Salazar	Gilberto	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Student-run clinic: Brother Bills Helping Hand (BBHH)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Sam	Blessy	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	catapult Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Samchukov	Mikhail	720RS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Orthofix International NV	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$80,000 - \$100,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Samnani	Hussain	545-NURSE ANESTHETIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Life anesthesia llc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Sanchez	Christina	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Arlington	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Sanghavi	Rinarani	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Watermark research Partners	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Abbott Nutrition	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Alliance Labs,Healthcare Division of Quest Products LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Sanjeevaiah	Aravind	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	legend biotech	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Sankaranarayanan	Ganesh	720TA-ASSOCIATE PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas A&M College of Dentistry	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified

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Santi	Jasmine	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Lehigh Valley Health Network	OAE Denied
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Denied
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	OAE Denied

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Santoyo	Jose	4374-CLIN RESCH COORD	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	TheWerkshop GRFX	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Sarode	Ravindra	710TS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Takeda	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Octapharma USA Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Argenx BVBA	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	sanofi Genzyme Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Sarode	Venetia	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Visante	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Octapharma USA Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Argenx BVBA	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Sanofi Genzyme	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Sass	Mendy	8631-SOCIAL MEDIA STRATEGIST SR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Melina E Puckett Trust	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	N/A

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	N/A
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	N/A
Sathe	Meghana	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Societe des Produits Nestle SA	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Satterthwaite	Anne	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AtriCure Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boston Scientific Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Insulet Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Intuitive Surgical Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Masimo Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stryker Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tilray	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Brainmatterz	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Salient Medical	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Spark Biomedical	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Aucta Technologies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Defuse Medical	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amgen Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Nexstim	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Epi-Minder	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$375,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Kwivik	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Saucier	David	4804- POSTDOCTORAL RESEARCHER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Abilene Christian University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$40,000 - \$60,000	No Conflict Identified
Savani	Milan	GSR - Med Scientist Trn Prgm	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	N-Vision Strategies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Savani	Rashmin	790TT- PROFESSOR & DIVISION CHIEF	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Mallinckrodt LLC	Review Complete - Mgmt. Plan Issued
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Review Complete - Mgmt. Plan Issued
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Review Complete - Mgmt. Plan Issued

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	March of Dimes	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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Sawyers	Tommy	0549-CHIEF NURSE ANESTHETIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Heart Association	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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Sayed	Mohammad	4406-RESCH SCIENTIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Telos Biotechnology	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Under Escalated Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Investments	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Travel required for any activity/interest	Under Escalated Assessment
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$40,000 - \$60,000	Under Escalated Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Under Escalated Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	Under Escalated Assessment
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	Under Escalated Assessment
Scarborough	Andi	9025-ADMNTV ASSOC SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	DFW Bartending	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Schaefflein	Diane	9855-BUS ANLST SR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medical City Hospital Dallas	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Scherer	Philipp	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Avogadro	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Centaurus	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	Under COI Office Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bayer HealthCare Pharmaceuticals Inc	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Under COI Office Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Metacrine	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Allystaa	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under COI Office Assessment
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Helmholtz Association	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PIONEERING MEDICINE VII, INC.	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	OAE Approved
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alnylam Pharmaceuticals, Inc.	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	OAE Approved
Scheuerle	Angela	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Anegla Scheuerle MD PA	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Schmid	Sandra	784VF- ADJUNCT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Roswell BioTechnologies	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Schmiege	Philip	5890-GSR - Molecular Biophysics	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>The Manhattan Project Beer Co</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Schneider	Frank	705TS- PROFESSOR & CHAIR	44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Association of Departments of Family Medicine	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Academy on Violence and Abuse</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Academy of Family Physicians	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
Schneider	Joseph	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alliance for Quality Improvement and Safety (AQIPS)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>University of Texas Dallas</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Academic Teaching</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Schneider	Trent	Medical Student	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Noom	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Schochet	Peter	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Health Center for Diagnostics and Surgery	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	Under COI Office Assessment
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$80,000 - \$100,000	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Cure SMA Medical Advisory Board	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Travel required for any activity/interest	OAE Approved

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	OAE Approved
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	OAE Approved
Schoggins	John	720TT-ASSOCIATE PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Spartina Biotechnologies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AstraZeneca UK Limited	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	US Federal Trade Commission	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Conflict Managed
Schumacher	Matthew	934-DIR FIRE & OCC SAFETY	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	City of Haslet Texas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas A&M University Urban Search and Rescue Team #1	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	KS Woodcraft	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	All Star Dance Academy	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Schwarz	Barry	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cerner Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AT&T Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Qualcom, INC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Scott	William	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AED123	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Best Doctors	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Seaward	James	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Handi-Craft	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	Conflict Managed
Sebert	Michael	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Children's Health System of Texas	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$40,000 - \$60,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Scottish Rite Hospital for Children	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Seidel	Jack	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Jack D. Seidel, MD, PA	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	>500,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Salud, Ltd.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	> 1 mil	No Conflict Identified
Selby	Chris	CONSU-CONSULTANT	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Tech University Health Sciences Center Jerry H. Hodge School of Pharmacy	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
Self	David	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Noorik Biopharmaceuticals Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PSYCHOGENICS INC.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Semlow	Andrea	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Parkland Hospital and Health System	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Primary employment is a Non UTSW position</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$5,000 - \$10-000</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Vanderbilt University Medical Center</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Serapio	Sharlyne	9957-CLIN RN EDUCATOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ZionRock Healthcare LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Sethuram	Sangita	4367-MGR CLIN RESCH	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Sangi's Creative Corner	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Setser	Casandra	740CN- INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Southwestern Institute of Forensic Sciences	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Sguigna	Peter	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	VIC Tech	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Shah	Bhavya	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Chimeric Advanced Medical Devices	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Shah	Jay	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Arthrex Inc,	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Zimmer/biomet	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stryker Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Shah	Monal	782VF- CLINICAL ASST PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Parkland Health & Hospital System	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	> 100,000	No Conflict Identified
Shah	Rajal	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Association of Indian Pathologist in North America	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Academic Teaching</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>ContextVision</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Shah	Trushil	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Relias Media	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bayer HealthCare Pharmaceuticals Inc	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed
Shahan	Jaime	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Harborside, JADPRO	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Shaker	Kerollos	750WO- ASSISTANT INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Laboratory Services - Diagnostic Enterprise	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Shakil	Amer	710CN- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Academy of Family Physicians	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Under COI Office Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10,000	Under COI Office Assessment
Shakkottai	Aarti	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UptoDate Inc	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	BMJ (British Medical Journal) Best Practice	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UniQure Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	National Ataxia Foundation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Shakkottai	Vikram	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UniQure	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Shared 2	COI		2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	TEST REVISION 3.2.21 NCK	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Under COI Office Assessment
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ABb	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Sharma	Preeti	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Vertex Pharmaceuticals	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	COI Identified - Committee Review
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	Unknown	COI Identified - Committee Review
Shaw	Daphna	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	National Association of Pediatric Nurse Practitioners, Greater Texas Chapter	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Poston Gardens Foundation	Complete without Disclosure
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Complete without Disclosure

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Complete without Disclosure
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Complete without Disclosure
Shay	Jerry	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Maia Biotechnology	Under Escalated Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under Escalated Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	Under Escalated Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Under Escalated Assessment
Sheehan	Maeve	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Member of Board of Directors, Anesthesiologists For Children, Children's Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Shelton	Courtney	U5318-ASSIST MGR RESP THRPY STF COOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hill Rom	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Shelton	John	1897-MGR LAB	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Sale of Stock Equity from Exonics Therapeutics, Inc / Vertex Pharmaceuticals, Inc - Equity Agreement 2019-0260	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	2021, unknown; 2020, \$13887.67	No Conflict Identified
Shelton	Spencer	5884-GSR - Cell & Molecular Biology	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Gamestop	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Shenoy	Smitha	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Self employed	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	Unknown especially with covid closing electives	No Conflict Identified
Sherry	Dean	710RS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	VitalQuan	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	Conflict Managed
Short	Kira	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Millennium Neonatology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$40,000 - \$60,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Baylor University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Shoup	Angela	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Allergan Inc (Actavis)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ELOXX Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Siah	Michael	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Abbott Laboratories	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Siaron	Kathrina	U6032-RN II - CRITICAL CARE	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Agnes Marshall Walker Foundation	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	Approved (OAE)
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	Approved (OAE)
Sides	Austin	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Health Resources Denton, Childrens Medical Center Palno, Team Health Emergency Medical Consultants	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Siegwart	Daniel	720TT- ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ReCode Therapeutics	Under Escalated Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	Under Escalated Assessment

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Under Escalated Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	Under Escalated Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$175,000	Under Escalated Assessment

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			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Under Escalated Assessment
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	Under Escalated Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Williams & Connolly LLP	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Silva	Crystal	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Sigma Lambda Gamma Education Foundation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Silva	Phillip	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Envision Physician Services	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	425,000	No Conflict Identified
Silver	Cheryl	780VF- CLINICAL PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	National Academy of Neuropsychology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amazon	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$143,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Apple Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Facebook	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Google	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Simmons	Antionette	U2810-MGR CODING QUAL/DATA INTGY	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Relyon Practitioner Services	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Simon	Jessica	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Optavia	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Singal	Amit	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Genentech Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Singh	Vivekanand	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Society for Pediatric Pathology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Sinn	Clarice	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Mitchell MCN	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Sinnett	Sarah	730TA-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Taysha Gene Therapies	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	I received roughly \$83K on 8/9/21, in addition to the \$3K that I previously received from Abeona (earlier this year).	No Conflict Identified
Sirsi	Deepa	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Zogenix Inc	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Greenwich Biosciences	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Origin Biosciences</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Slater	Holli	4367-MGR CLIN RESCH	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The University of Texas at Arlington	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Smernoff	Eric	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Center For Neuro Skills	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Smith	Bonnie	420-DIRECTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	National Intramural Recreational Sports Association	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Smith	Jennifer	5892-GSR - Neuroscience	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Summit Climbing Yoga and Fitness	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Sohn	Jong Woo	730WO-VISITING ASST PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Korea Advanced Institute of Science and Technology	Under COI Office Assessment

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Solis	Efrain	946-DEPT ADMNTR - CLINICAL	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Baltimore	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Solomon	Courtney	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	For The People Care, LLC	Complete without Disclosure
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Complete without Disclosure
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Complete without Disclosure
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Complete without Disclosure

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Solow	Elizabeth	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American College of Rheumatology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	National Institutes of Health NIH	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Sondhi	Varun	6801-CLINICAL FELLOW - ACGME	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Aurinia Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	300000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Song	Li	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	WebMD LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Sorelle	Jeffrey	730CS- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Stock: Myriad Genetics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	GenomeWeb eCase Series	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Soto	Jose	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Natalie Ramirez, MD PLLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$100,000-\$120,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
South	Charles	786VF- ADJUNCT ASST PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Southern Methodist University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Spain	Thomas	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas County Treatment Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Sparagana	Steven	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Nobelpharma America, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Speed	Shelley	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Good Shepherd Hospice, Asana Hospice: approved upon my hire	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Spencer	Thomas	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	APPLE COMPUTER INC	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AT&T COMMUNICATIONS INC	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Google	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	Under COI Office Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Microsoft	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tesla	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	VANGUARD HEALTH CARE (Other)	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	Under COI Office Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Johns Hopkins University	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	OAE Approved
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10,000	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	NCURA	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	OAE Approved
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Spong	Catherine	705TT- PROFESSOR & CHAIR	13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PYPL (Paypal)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	WMT (Walmart)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	286397	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Board of Obstetrics & Gynecology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	John Wiley & Sons, LTD	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ohio State university department of ob gyn	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Georgetown University MedStar	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NIDA	Review Complete - Plan Issued (NIH)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Review Complete - Plan Issued (NIH)

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	Review Complete - Plan Issued (NIH)
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	Review Complete - Plan Issued (NIH)
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	MJH Healthcare Holdings	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$20,000 - \$40,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Childrens Hospital of San Antonio	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	McGraw-Hill	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UpToDate	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AAPL (Apple Inc)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	1015085	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ATVI (Activision-Blizzard Inc)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	BA (Boeing Co)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	1188967	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	BABA (Alibaba Grp)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	241015	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	BIG (Big Lots)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	CAT (Caterpillar Inc)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	DIS (Walt Disney)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	INOVA 401k	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	HAS (Hasbro)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	HON (Honeywell)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	113061	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	INFY (Infosys)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	294046	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	INTC (Intel Corp)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	200148	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	MAT (Mattel Inc)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medstar Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ORCL (Oracle Inc)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	160654	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PEP (Pepsico)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PG (Procter & Gamble)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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Sridharan	Srisha	4409-RESCH ASSOC SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hallmark	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Srivastava	Divya	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Society for Dermatologic Surgery	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	COI Identified - Committee Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	COI Identified - Committee Review

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
St John	Rachel	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Designated Interpreters, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Rachel St John (Self)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Staber	Dorothee	HH-PD DIRECT-HOWARD HUGHES INSTIT	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	My husband is a retired Corning Inc employee, and holds about 5000 shares of Corning Stock. Update as of 1/1/2021 we only hold 35 shares of Corning stock.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Stallings	Nancy	740RS-INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Xcel Energy	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
Standefer	Karen	RESCO-RESEARCH STUDY COORDINATOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	3D Systems stock	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stratasys	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Organovo stock	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Piezosurgery	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
Starokadomskyy	Petro	4406-RESCH SCIENTIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Farmak JSC	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Starr	Adam	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Curvafix	Conflict Managed

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	Compensated in Stock Options	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Curvafix	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Journal of Orthopaedic Trauma	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Skeletal Dynamics LLC	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	OsteoCentric	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	Compensated in stock options	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Biocomposites Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Statler	Pamela	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Physician Assistant Education Association	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Staub	Laura	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	US Anesthesia Partners	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Stebbins	Cari	2312- INFECTION PREVENTIONIS T	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas County Health and Human Services via Cornerstone Medical	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Stehel	Edward	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pediatrix Medical Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
Stehel	Elizabeth	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pediatrix Medical Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
Steiner	Jeffrey	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson & Johnson COM Security Identifier - JNJ	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Procter & Gamble Pharmaceuticals	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Two Pugs Publishing, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Coleman Research	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Stephens	Patricie	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	PRN Work at Sinai Urgent Care	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Stephenson	Summer	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Radiology Associates of North Texas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$40,000 - \$60,000	No Conflict Identified
Sternweis	Paul	760WO-PROFESSOR EMERITUS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Abbott Laboratories	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ELI LILLY AND COMPANY	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck Sharp & Dohme Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$ 197,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Stevens	Debra	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Christus Mother Frances Hospital Tyler	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Stevens	Evan	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Panacene Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	I do not currently have a salary, and will not have a salary at least until after ending my relationship with UTSW	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
Stewart	Robert	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American College of Obstetrics and Gynecology	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Stewart	Sunita	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Metropolitan Life	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Stiles	Christine	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ABT Global	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	PFK Books for Kids	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Frisco Medical Center LLP	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Center for Pediatric Surgery	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$40,000 - \$60,000	No Conflict Identified

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Stinson	Janet	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Association of Orthodontists	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Stock	Christina	U2301-MUSIC THERAPIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Southwestern Region of the American Music Therapy Association	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Stone	Kimberly	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson and Johnson International	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	300,000	No Conflict Identified
Stone	Langdon	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	139K, stock	No Conflict Identified
Storrie	Martha	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Community Medical Associates	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Approved (OAE)
Story	Michael	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Novocure Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Street	Megan	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	MedStudy Pediatric Board Review	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Strong	Wathen	927-DIR FRONT END MED/SURGCL BILL	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Lowell M Anderson, M.D.	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Stuart	Nicole	1026P-ADV PRAC RN - PRN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tarleton State University	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	OAE Approved

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	OAE Approved
Stutzman	Sonja	4362-MGR RESCH PRGMS	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Relationship Place of Dallas, LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Stuve	Olaf	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Genentech	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Sucato	Daniel	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Globus Medical Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Sumarsono	Nathan	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of California, San Francisco	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Sumer	Baran	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	OncoNano Medicine Inc.	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Genzyme	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Intuitive Surgical Inc	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cancer Expert Now	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Sumrow	Lily	4415-RESCH TECHN II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Honor Bar	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Sun	Lijun	785VF- ADJUNCT ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ImmuneSensor Therapeutics	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	160,000	No Conflict Identified
Sundarrajan	Chandrasekha	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas County Health & Human Services	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Sutaria	Jaini	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Relias Media	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bayer HealthCare Pharmaceuticals Inc	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Sutcliffe	David	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Abbott Laboratories	Supervisor Approval Sought

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Supervisor Approval Sought
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	Supervisor Approval Sought
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	Supervisor Approval Sought
Sutor	Laurie	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	America's Blood Centers	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Dallas Fort Worth Hospital Council Foundation</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Blood Centers Exchange	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Sutphin	Patrick	786VF- ADJUNCT ASST PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Faculty Massachusetts General Hospital</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Academic Teaching</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	Salary	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Teladoc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amwell	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Crisper Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Editas Medicine	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified
Sweetenham	John	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	EMA Wellness	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Swienton	Raymond	790CN- PROFESSOR & DIVISION CHIEF	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	National Disaster Life Support Foundation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Syed	Zubair	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Valley Ranch Islamic Center Medical Clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Taghavi	Sarah	9949-TEMPORARY STAFF SPEC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cook Children's Medical Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Takahashi	Joseph	705TT- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Reset Therapeutics, Inc. now renamed Synchronicity Pharma	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	<p>unknown since the assets have not been valuated.</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Circadian Biotherapeutics</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Tallman	Jarrold	906-DIR PURCHASING	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Christian University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Tambar	Uttam	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Peleton Therapeutics	COI Identified - Retrospective Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospective Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	COI Identified - Retrospective Review
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$5,000 - \$10,000	COI Identified - Retrospective Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Tamminga	Carol	705TT- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Astellas Pharma Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Karuna Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Sunovion Pharmaceuticals Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Merck Research Laboratories	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Tancred	Stephanie	1757-LEAD NON-PHYSN PROVIDER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pediatric Urgent Care Denton	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Tandon	Animesh	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Synergen Health Tech	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	N/A
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	N/A

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	VARYFII Imaging	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	N/A
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Vertex Pharmaceuticals Incorporated	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	N/A
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	N/A
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	N/A
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	N/A
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alteryx	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	N/A
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NVIDIA	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	N/A
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	N/A
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amazon	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	N/A
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	N/A
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tesla	N/A
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	N/A
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	N/A
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Realize Medical	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	N/A

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	N/A
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	N/A
Tang	Daolin	720TT-ASSOCIATE PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	the Center for DAMP Biology, the Third Affiliated Hospital, Guangzhou Medical University (hereinafter "CGMU")	OAE Denied
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Denied

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Denied
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	OAE Denied
Tanner	Mary	U5719-PHYS THERAPIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Small Hands Big Hearts Pediatric Home Health Agency	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Tao	Zoe	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	E-trade, Fidelity	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AMA Journal of Ethics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Tarangelo	Amy	4804- POSTDOCTORAL RESEARCHER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Polygence Research Academy	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Tardo	Lauren	740CN-INSTRUCTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The MOG Project	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Tatge	Lexus	5884-GSR - Cell & Molecular Biology	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Southlake Girls Lacrosse	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Taylor	Christopher	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Ciresi Conlin	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
TAYLOR	Wanda	9525-ER CONSLT SR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	First Travel Alliance	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	N/A

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	N/A
Taylor-Brickey	Rachel	U9836-CHILD LIFE SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Webinar Presenter for National Alliance for Grieving Children	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	N/A

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	N/A
Tedone	Enzo	4406-RESCH SCIENTIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Telos Biotech	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Under Escalated Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Under Escalated Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	Under Escalated Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Under Escalated Assessment
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Under Escalated Assessment
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	Under Escalated Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Tekle	Bekele	9160-ACCNT III	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	World Financial Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified

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			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$0	No Conflict Identified
Terauchi	Stephanie	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Center to Advance Palliative Care (CAPC)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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Tessier	Jeffrey	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Robles,Rael, and Anaya, PC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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Tessnow	Alex	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Spectrix Therapeutics	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	SANOFI-AVENTIS US LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Thakkar	Vishal	4377- RESEARCH STUDY COORDINATOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Tarrant County College District	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Thao	Nancy	4377- RESEARCH STUDY COORDINATOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	BrigaCare	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Tharpe	William	RESCO-RESEARCH STUDY COORDINATOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Takeda Pharmaceutical Company Limited	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	N/A

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	N/A
Thekkedam	Nisha	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Chamberlain college of nursing	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Therrian	Lindsay	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas interscholastic swimming and diving officials	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Thidil Puliappadam ba	Vinesh Kumar	740RS-INSTRUCTOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Guruvayurappan temple	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	Approved (OAE)

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	Approved (OAE)
Thomas	Abey	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Health Care Service Corporation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	250000+	No Conflict Identified
Thomas	Chelsea	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dallas VA Medical Center	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	> 100k	No Conflict Identified
Thomas	Elizabeth	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Prostar Business Development	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Travel required for any activity/interest	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List</p>	\$0	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Thomas	Lia	710CN-PROFESSOR	<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Thomas	Philip	784VF- ADJUNCT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Reata Pharmaceuticals	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	Conflict Managed
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	1,500,000	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cystic Fibrosis Foundation	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	Conflict Managed
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (No activity planned)</p>	Conflict Managed
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>ReCode Therapeutics</p>	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	Conflict Managed

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	Conflict Managed
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	stock not tradable	Conflict Managed

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Thornton	James	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Synapse human performance center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Thropp	Richard	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baylor Scott & White Medical Center Frisco	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baylor Surgicare Plano Parkway	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	approxiamtely \$300,000 estimate	No Conflict Identified
Timaran	Carlos	710CS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Philips Medical Systems	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Timmerman	Robert	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	RefleXion Medical, Inc.	COI Identified - Committee Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review

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Timmons	Charles	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Society for Pediatric Pathology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Timofte	Irina	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of Maryland	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified

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Tinajero	Arely	4449-VETERINARY TECHNSR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Relief Services for Veterinary Providers	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Tinich	Trey	4377- RESEARCH STUDY COORDINATOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Radox Laboratories	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Tiro	Jasmin	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The University of Texas Health Science Center at Houston	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Moffitt Cancer Center	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Toll	Russell	730RS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Compassion Neuroscience	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Tom	William	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Coca Cola Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Exxon Mobil Corp	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$100,000 - \$200,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Intel Corp	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Estee Lauder Companies Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Motorola Solutions Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Tomchick	Diana	710RS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Crystallographic Association	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Proyecto Espeleológico Sistema Huautla</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Tondjo	Franklin	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Low T center Men's health Clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Torres	Eduardo	750WO-ASSISTANT INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Los Barrios Unidos Community Clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$380,000	No Conflict Identified

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Torres	Fernando	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bayer HealthCare Pharmaceuticals Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Torres	Michael	0803-VISITING SENIOR RESEARCHER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ReCode Therapeutics, Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	5000000	No Conflict Identified
Toscano	Della	8190-GRAD MED EDU PROG COORD I	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bath & Body Works	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Toto	Kathleen	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Practically Perfect Aesthetics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified
Toto	Robert	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Chinook Pharma	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Toubbeh	Shireen	4415-RESCH TECHN II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Club Z Tutoring	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Toups	Marisa	786VF- ADJUNCT ASST PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	A Kind Mind	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Towler	Dwight	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Radius Health Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Tran	Bau	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Tech University Health Center School of Pharmacy	Supervisor Approval Sought
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Supervisor Approval Sought

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	Supervisor Approval Sought
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	Supervisor Approval Sought
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Association of Diabetes Care & Education Specialist	Supervisor Approval Sought
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Supervisor Approval Sought

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Supervisor Approval Sought
Travalini	Debra	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Parkland Hospital	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Trent	Tiffany	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Arlington	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American Heart Association	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Trivedi	Jaya	710CN- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Argenx	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Trombello	Joseph	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck Sharp & Dohme Corporation	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Under COI Office Assessment
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	Under COI Office Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Alto Neuroscience	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	OAE Approved
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Techspert.io	OAE Denied

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Denied
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	OAE Denied
Truett	Adena	9025-ADMNTV ASSOC SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	TD Ameritrade	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	No Conflict Identified
Tu	Benjamin	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hexagon Bio, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Tubbs	Arden	4452-CHIEF ANIMAL TECHN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Patreon	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Tulchin-Francis	Kirsten	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Maxim Integrated	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Gait and Clinical Movement Analysis Society	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Turer	Christy	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	health@hand LLC	Complete without Disclosure
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Complete without Disclosure
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	Complete without Disclosure

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Turner	Jada	1370-CLIN DATA SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	The Ranch	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Turner	Katherine	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Skinn Bar Lifestyle Spa	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$60,000 - \$80,000	No Conflict Identified
Turner	LaTara	2316-MGR CLIN SAFETY	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	The Home Health Team; Dependable Home Care	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Tzen	Yi-Ting	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	National Pressure Injury Advisory Panel	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Uhlenbrock	Brittany	P5719- PHYSICAL THERAPIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	S2S Functional Performance	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$60,000 - \$80,000	No Conflict Identified
Umana Franco	Luis	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Aeglea Biotherapeutics	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	Conflict Managed
Unni	Nisha	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NOVARTIS PHARMACEUTICALS CORPORATION	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Managed
Vagefi	Parsia	790CN- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cowen and Company, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Valdes	Jennifer	REAST-RESEARCH ASSISTANT	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cure Duchenne	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Valle	Melanie	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Baylor University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Valvano	Abbey	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Abbey Valvano, PLLC	Supervisor Approval Sought
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Supervisor Approval Sought
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	Supervisor Approval Sought

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Van Dermark	Jeffrey	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amwell Medical Group	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Teladoc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	MedTrials Inc.	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	Under COI Office Assessment

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Vandergriff	Travis	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Dermatology Foundation	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Texas Dermatological Society</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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Vanderveldt	Hendrikus	730CN-ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	United States Air Force	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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VanHorn	Kevin	9946-TEMP STAFF ASSOC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Balanced Media Technology	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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VanPelt	Michael	720CN-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	American board of foot and ankle Surgery	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Vargas Aguilar	Stephanie	4804- POSTDOCTORAL RESEARCHER	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of Göttingen	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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Varghese	Prigi	1026-ADV PRAC RN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Continued.com, LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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Varghese	Samuel	9161-ACCNT II	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	TM Taxes	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	N/A

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	Only paid on commission / tax preparation done.	N/A
Vashisth	Shayal	5892-GSR - Neuroscience	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Narrative Applications	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Vasquez	Rebecca	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Agape clinic	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Vasquez	Sergio	1370-CLIN DATA SPEC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Covance	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Vaughan	Terrill	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Orthofix	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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Velez	Larissa	710CN- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merrill Edge	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Ventimiglia	Joe	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Holy Savior Hospice	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified

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Vernino	Steven	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Argenx	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	N/A

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Verschleisser	Sara	1370-CLIN DATA SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Congregation Shaare Tefilla NCSY	Approved (OAE)
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Approved (OAE)

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	Approved (OAE)
Vidos	Elida	9026-ADMNTV ASSOC	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Arbonne International	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	200.00	No Conflict Identified
Villegas	Agatha	8102-PRGM COORD SR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Highland Springs Retirement Community	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Vira	Shaleen	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medwell Solutions	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Virgin	Herbert	784VF- ADJUNCT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	I am EVP, Research and Chief Scientific Officer of Vir Biotechnology	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$658,819 plus a yearly bonus + stock refresh	OAE Approved
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	As of COB 4/27/2021 it was in total vested plus unvested \$24,355,996.85	OAE Approved

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Washington University School of Medicine	OAE Approved
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Approved
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	OAE Approved
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	OAE Approved

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Casma Therapeutics	Conflict Managed
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1,200 (purchase price of 1.2M shares)	Conflict Managed
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NIH Center for Excellence in Translational Research grant (CETR)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	PierianDx	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$0	No Conflict Identified
Virginia	Amanda	655-NURSE ANESTHETIST CLIN COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Edwards	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Vizzini	Sabrina	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Rockwall Urgent Care Clinic	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Vo	Tram	4413-RESCH ASSIST II	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of North Texas Health Science Center	Under COI Office Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	Under COI Office Assessment

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	Under COI Office Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	Under COI Office Assessment
Vongpatanasi n	Wanpen	710TS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Arlington	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Wahlberg	Andrea	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Child and Adolescent Neuropsychology of Prosper (private practice)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Wakhlu	Sidarth	710CN- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Health Frisco	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Walker	Lauren	U6008-RN PRACTITIONER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	United states Department of health and human services	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	Have not started unsure of how much compensation	No Conflict Identified
Wan	Siu-Hin	730CN- ASSISTANT PROFESSOR	9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Mayo Clinic	No Conflict Identified
Wang	Andrew	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Gerson Lehrman Group	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Wang	Angeline	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Clover Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Wang	Danphuong	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	National association for continuing education	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	PEMQ Book LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wang	Jijia	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	COMAP, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wang	Richard	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Quattro Consulting	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wang	Sam	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Amgen Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	1,800,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson and Johnson International	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Wang	Thomas	705TT- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Vanderbilt University Medical Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Imara	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Wang	Vincent	790CN- PROFESSOR & DIVISION CHIEF	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Children's Hospital of Michigan	Supervisor Approval Sought
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Supervisor Approval Sought
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Supervisor Approval Sought

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	Supervisor Approval Sought
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Supervisor Approval Sought
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	Supervisor Approval Sought
Wani	Anna	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Shifa Healing Honey	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Personal small business	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Warner	John	0241-EVP HEALTH SYSTEM AFFAIRS	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Heart Association	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>American Heart Association One Brave Idea Leadership Group</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
Waters	Ami	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Last Mile Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$40,000 - \$60,000	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	87000	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
Waters	John	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Texas Health Resources Presbyterian Health System - Dallas	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Watkins	Cynthia	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Parkland Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	162,000.00	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Nexus Recovery Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Watson	Carol	1754-PHYSN ASSIST	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	University of North Texas Health Science Center (UNTHSC) Physician Assistant Studies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	No Conflict Identified
Watson	Mark	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Boston Scientific Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Watumull	Lori	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Breckenridge Properties	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	26000000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Breckenridge Surgery Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified

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			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	132000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Catapult Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	644108	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	North Garland Surgery Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regional Plastic Surgery Center	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regional Plastic Surgery Center-Sherman	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	400000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Rockwall Properties	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$60,000 - \$80,000	No Conflict Identified
Waugh	Jeffrey	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	BridgeBio	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Best, Watson and Gilbert - Law firm	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Wei	Tuo	Affiliated Individual	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ReCode Therapeutics	Review Complete - Mgmt. Plan Issued
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Review Complete - Mgmt. Plan Issued
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	Review Complete - Mgmt. Plan Issued
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	Review Complete - Mgmt. Plan Issued

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Wei	Yongjie	786VF- ADJUNCT ASST PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	guangzhou medical university, Guangzhou? China	Under COI Office Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under COI Office Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	Under COI Office Assessment
Weinschenk	Robert	730CS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Curio Science	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	OAE Approved
Weir	Robert	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Hashimoto's Encephalopathy (SREAT) Alliance	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Stanford School of Medicine</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Weissler	Jonathan	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	johnson & johnson	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$150,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	proctor & Gamble	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$150,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Weix	Patrick	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Applied Medical Resources Corporation	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	COI Identified - Committee Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	COI Identified - Committee Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Welch	Babu	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Stryker Neurovascular	Under Escalated Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under Escalated Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	Under Escalated Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	Under Escalated Assessment

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	Under Escalated Assessment
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	Under Escalated Assessment
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medtronic Neurovascular	Under Escalated Assessment
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Under Escalated Assessment
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	Under Escalated Assessment

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	Under Escalated Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Under Escalated Assessment
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	Under Escalated Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Peter Lazic, Inc	Under Escalated Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under Escalated Assessment

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Under Escalated Assessment
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	Under Escalated Assessment
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	MicroVention Inc	Under Escalated Assessment
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Under Escalated Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Under Escalated Assessment
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	Under Escalated Assessment

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	Under Escalated Assessment
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Under Escalated Assessment
			44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year. Please Select from the List	\$1-\$4,999	Under Escalated Assessment
Welch	Tre	730RS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Tremedics Medical Devices	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (No activity planned)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>HunchDx, LLC</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified
Wells	Joel	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ethicon US LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	miles4hips	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wells	Shamekia	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	LHI agency	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Westover	Arthur	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	OpinionSite	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Westover	Kenneth	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Vibllliome	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wheat	Misti	2836-PROJ MGR CRI	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Town Lawn Care, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Whinery	Sarah	1754-PHYSN ASSIST	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	CareNow I-20 and Wheatland (Urgent care prn)	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
White	Charles	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	American Association of Neuropathologists	Approved (OAE)
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	Approved (OAE)
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	Approved (OAE)
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Approved (OAE)

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Last Name	First Name	Job Title	Question	Response	Question Review Status
White	Perrin	790TT- PROFESSOR & DIVISION CHIEF	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Neurocrine Biosciences Inc	COI Identified - Retrospective Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospective Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Retrospective Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	COI Identified - Retrospective Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Crinetics Pharmaceuticals</p>	<p>COI Identified - Retrospectice Review</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>COI Identified - Retrospectice Review</p>
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	<p>COI Identified - Retrospectice Review</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$1 - \$4,999</p>	<p>COI Identified - Retrospectice Review</p>

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Provention Bio	COI Identified - Retrospective Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospective Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Retrospective Review
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	COI Identified - Retrospective Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Eton Pharmaceuticals	COI Identified - Retrospective Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospective Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Retrospective Review
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	\$1 - \$4,999	COI Identified - Retrospective Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Thompson Miller & Simpson PLC	COI Identified - Retrospective Review
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	COI Identified - Retrospective Review
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Retrospective Review
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	COI Identified - Retrospective Review

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Whitehurst	Angelique	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Pfizer AG	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Gilead Sciences Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Whitson	Johanna	755WO-FACULTY ASSOCIATE	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Oticon Medical LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Wilcox	LaChandra	730CN- ASSISTANT PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Northpoint Cancer Center	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Wilkie	Thomas	720TT-ASSOCIATE PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	BCII	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Williams	Erin	0525-ASSOC DIR SCCC CRO ADMIN	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	ACCC Community Oncology Research Institute (ACORI)	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	N/A

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	N/A
Williams	Noelle	710RS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Baker Botts LLP	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Primary employment is a Non UTSW position	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Williams	Sherone	4377- RESEARCH STUDY COORDINATOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amazon	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$5,000 - \$10-000	No Conflict Identified
Williams	Timothy	U9106-PROG MGR REHAB	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Commission on Accreditation of Rehabilitation Facilities (CARF)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Analog	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Williamson	Jon	0305-DEAN, UTSW SCHOOL OF HLTH PROF	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Association of Schools Advancing Health Professions	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified
Willis	Rosalynn	9640-CONTS SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amy's Hallmark	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Wilson	Jaclyn	9303-MGR INFO RESRC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Law Firm (Wilson, Peer, Lark & Assoc. PLLC	N/A
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	N/A
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	N/A

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	N/A
Wilson	Kathleen	710CN-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Bristol-Myers Squibb Company	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$20,000 - \$40,000	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Johnson and Johnson International	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$155,192	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ELI LILLY AND COMPANY	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$80,000 - \$100,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Merck and Co.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wimberly	Robert	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Elsevier Publisher textbook royalties	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Wingfield	Sarah	730CN-ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	3M Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
Winkler	Mandy	6029-AMB TRIAGE RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bristol-Myers Squibb	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	GENZYME CORPORATION	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified
Winter	Sebastian	720TT-ASSOCIATE PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Genentech Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Wise	Carol	710RS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	OrthoDent	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self and Covered Family (Both you and a family member perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Investments	No Conflict Identified
			<p>38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.</p>	\$5,000 - \$10,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	International Consortium for Spinal Genetics, Development, and Disease	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wojciechowski	David	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Exevir	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wolff	Timothy	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AT & T communications	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Exxon Mobil Corp	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Halliburton	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wong	Suzanne	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Texas at Arlington, School of Social Work	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	I received \$3000 for the one semester I taught.	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Woodford	Jessica	5882-GSR - Clinical Psychology	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dallas county community college	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Woods	Daphene	4377- RESEARCH STUDY COORDINATOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Cerebral	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Woods	Sarah	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Tennessee	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wootton	Taylor	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Health Resources	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wright	Crystal	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UT Arlington	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wright	Margaret	4374-CLIN RESCH COORD	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Uluru, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wu	Richard	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Robin Healthcare	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bellevue Literary Review	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Nature Futures	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified
Wu	Shwu-Yuan	730RS- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Active Motif, EMD Millipor	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Wu	Tuqi	730TA- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Novartis Pharma AG	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	University of Colorado Anschutz Medical Campus	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Non-UTSW Faculty Appointment	No Conflict Identified
Wuermsler	Lisa-Ann	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	United Healthcare Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Wukich	Dane	705TC- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Arthrex Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Orthofix International NV	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	WRIGHT MEDICAL TECHNOLOGY INC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Association of Diabetic Foot Surgeons	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Xac	May	Medical Student	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Desktop Metal Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	AT&T Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Valero Energy Corp	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$10,000 - \$20,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Verizon Communications Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Xian	Ying	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Portola	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Xiao	Yi	4804- POSTDOCTORAL RESEARCHER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Ascentage Pharma Group	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$5,000 - \$10,000	No Conflict Identified
Xie	Jingjing	750WO- ASSISTANT INSTRUCTOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	I purchased shares and was a coinventor of two patents licensed to Immune-Onc therapeutics.	COI Identified - eReview
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - eReview
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	COI Identified - eReview
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	COI Identified - eReview

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$1 - \$4,999	COI Identified - eReview
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$20,000 - \$40,000	COI Identified - eReview
Xie	Pancheng	4804- POSTDOCTORAL RESEARCHER	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Soochow university CAMSU- GRC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	No Conflict Identified
Xu	Jian	720TT-ASSOCIATE PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Boston Children's Hospital	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	FORMA Therapeutics, Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Travel required for any activity/interest	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
			<p>44. Please indicate the approximate value of the reimbursed or sponsored travel on behalf of the outside entity for the 2021 calendar year.</p> <p>Please Select from the List</p>	\$1-\$4,999	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	I am invited to give a talk on our published studies in the 4th annual meeting of the Chinese Association of Blood Sciences (CABS) on May 22, 2021. I will join the meeting and give the presentation virtually.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
Yamazaki	Shin	710RS- PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Actimetrics Inc.	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Consulting or Scientific and Medical Advisory Board Service including Paid Authorship</p>	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>UNIVERSITY OF VIRGINIA</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$0	No Conflict Identified
Yancey	Kim	705TT- PROFESSOR & CHAIR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dermatology Foundation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	UpToDate	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			<p>35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.</p>	\$1 - \$4,999	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
Yarborough	Rebecca	Affiliated Individual	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Access Physicians	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$20,000 - \$40,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Yarbrough	William	710CN-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Texas Medical Board	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Yen	Kenneth	720CN-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	PEMQBOOK LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Speaking, Training, or Proctoring	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Yokoo	Takeshi	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bayer HealthCare LLC	COI Identified - Committee Review
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - Committee Review
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	COI Identified - Committee Review
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	COI Identified - Committee Review

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Yu	Hongtao	784VF- ADJUNCT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Westlake University	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Primary employment is a Non UTSW position	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$430,000	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Yu	Priscilla	730CN- ASSISTANT PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	ZOLL Medical Corporation	COI Identified - eReview
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	COI Identified - eReview
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	COI Identified - eReview
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	COI Identified - eReview

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$10,000 - \$20,000	COI Identified - eReview
Yu	Roland	1370-CLIN DATA SPEC	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	iLearn World	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Academic Teaching	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Yu	Yonghao	720TT-ASSOCIATE PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Amgen Inc	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Speaking, Training, or Proctoring	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Zafereo	Jason	720CS-ASSOC PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Kriegel & Associates/Commission on Accreditation of Rehabilitation Facilities (CARF)	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Zamarripa	Sarah	4391-POP RES PROJ ASSOCI	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Fort Worth YMCA	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests</p>	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Lionbridge Global Sourcing Solutions, Inc.	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Zeh	Herbert	705TT-PROFESSOR & CHAIR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Surgical Safety Technologies	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Board of Directors Position, Leadership Role; Other Management Position; Ownership Interests	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	50K stock options	No Conflict Identified
Zellers	Thomas	710CS-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Renata Medical	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	No Conflict Identified
Zhang	Chengcheng	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Immune-Onc Therapeutics	Conflict Managed
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Managed
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	Conflict Managed
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	Conflict Managed
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	Conflict Managed
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$10,000 - \$20,000	Conflict Managed
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$40,000 - \$60,000	Conflict Managed

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Zhang	Hong	720RS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Globus Medical Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	License/Royalty Agreements (Intellectual Property)	No Conflict Identified
			35. Please indicate the anticipated income from Licensing/Royalty fees for the 2021 calendar year.	\$5,000 - \$10,000	No Conflict Identified
Zhang	Tian	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	NOVARTIS PHARMACEUTICALS CORPORATION	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Conduct of Research, Not Affiliated with UTSW</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Merrimack Pharmaceuticals Inc</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Conduct of Research, Not Affiliated with UTSW</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>AbbVie Inc</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	<p>Conduct of Research, Not Affiliated with UTSW</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Relationship has ended)</p>	<p>No Conflict Identified</p>
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Merck Sharp & Dohme Corporation</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Regeneron Pharmaceuticals Inc	No Conflict Identified

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			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Mirati Therapeutics	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Relationship has ended)	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Exelixis Inc	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Conduct of Research, Not Affiliated with UTSW	No Conflict Identified
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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Pfizer Inc	Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Conduct of Research, Not Affiliated with UTSW	Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	QED Therapeutics	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Bristol-Myers Squibb Company	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified
			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Dendreon Pharmaceuticals LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Omniseq	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>SeaGen</p>	<p>No Conflict Identified</p>
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	<p>No Conflict Identified</p>

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Eisai Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Aravive</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	SANOFI-AVENTIS US LLC	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Genomic Health/Exact Sciences	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Calithera	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>MJH Associates</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Aptitude Health	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for</p>	<p>Vaniam Group</p>	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	<p>Self (You perform the activity or maintain the financial interest)</p>	No Conflict Identified

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			2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Capio Biosciences	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>No Conflict Identified</p>
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer</p>	<p>\$10,000 - \$20,000</p>	<p>No Conflict Identified</p>

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			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Uncompensated activity)	No Conflict Identified

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			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Covered Family (A family member performs the activity or maintains the financial interest)	No Conflict Identified
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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Duke University	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Non-UTSW Faculty Appointment	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

This report lists personal financial interests/outside activities from the 2021 Statement of Financial Interests that have been assessed or are currently undergoing assessment.

Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	PlatformQ	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Aveo Pharmaceuticals	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Zheng	Bing	1026-ADV PRAC RN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	MedSurvey	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	M3 Global Research	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Medfield	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Schlesinger Group	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Other relationship with a Non UTSW entity	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Zheng	Wenxin	710TS-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Roche Diagnostics Corporation	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Zhu	Hao	720TT-ASSOCIATE PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	UbiquiTx	OAE Approved
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	OAE Approved
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Approved
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$10,000 - \$20,000	OAE Approved

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Last Name	First Name	Job Title	Question	Response	Question Review Status
Zia	Ayesha	720CS-ASSOC PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Takeda Pharmaceuticals America Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (No activity planned)	No Conflict Identified

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			<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Takeda	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (No activity planned)	No Conflict Identified

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Zide	Jacob	782VF- CLINICAL ASST PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Orthofix International NV	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Academic Teaching	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$1 - \$4,999	No Conflict Identified

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Ziebarth	Terin	1026PN-ADV PRAC RN PN	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Highland Park Independent School District	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Part-Time Employment or PRN Work	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$60,000 - \$80,000	No Conflict Identified

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Zigman	Jeffrey	710TT-PROFESSOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Medtronic MiniMed Inc	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Zimmerman	John	U1544- GENETIC COUNSELOR	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	My Gene Counsel, LLC	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$5,000 - \$10-000	No Conflict Identified
Zinn	Andrew	0304-DEAN UTSW GRAD SCH BIOMED SCI	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Foundation for Prader Willi Research	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified
			28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity. Please include in-kind contributions from domestic and foreign entities or governments that support research activities. Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions. If you are a Physician, you may refer	\$0 (Uncompensated activity)	No Conflict Identified
Zuk	Kelsey	5892-GSR - Neuroscience	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Robinhood	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified

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			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Investments	No Conflict Identified
			38. Please indicate the value of your investment interests at the time of completing this 2021 Statement of Financial Interests.	\$1 - \$4,999	No Conflict Identified
Zumwalt	Maggie	4415-RESCH TECHN II	2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below. If you previously disclosed an entity, many of the responses will be prepopulated for	Octapharma Plasma	No Conflict Identified
			9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			13. Please indicate the type of outside activity and/or financial interest with the outside entity: Include all affiliations where payment is made to the covered individual as well as all volunteer positions. Include all travel that is required as part of any activity/interest.	Other relationship with a Non UTSW entity	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$0 (Relationship has ended)	No Conflict Identified
Zuniga	John	710TT-PROFESSOR	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	AXOGEN	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Zuniga	Josue	4415-RESCH TECHN II	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Stephenville Lodging	No Conflict Identified
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	No Conflict Identified
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Part-Time Employment or PRN Work	No Conflict Identified

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	\$1 - \$4,999	No Conflict Identified
Zwierzchowski Zarate	Amy	5892-GSR - Neuroscience	<p>2. Please provide the name of the outside entity. If the name does not auto-populate, type the full name in the text box below.</p> <p>If you previously disclosed an entity, many of the responses will be prepopulated for</p>	Alzheimer's Association Dallas & Northeast Texas Chapter	OAE Denied
			<p>9. Are you reporting outside activities and/or financial interests with this outside entity for yourself or a covered family member? Please select one. Follow up question will appear based on your selection:</p>	Self (You perform the activity or maintain the financial interest)	OAE Denied
			<p>13. Please indicate the type of outside activity and/or financial interest with the outside entity:</p> <p>Include all affiliations where payment is made to the covered individual as well as all volunteer positions.</p> <p>Include all travel that is required as part of any activity/interest.</p>	Consulting or Scientific and Medical Advisory Board Service including Paid Authorship	OAE Denied

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			<p>28. For the 2021 calendar year, please indicate the anticipated compensation level for you or your covered family member from this outside entity.</p> <p>Please include in-kind contributions from domestic and foreign entities or governments that support research activities.</p> <p>Do not provide the value of any license/royalty payments, investment interests, or sponsored travel, as you will be prompted to disclose those values in later questions.</p> <p>If you are a Physician, you may refer</p>	<p>\$0 (Uncompensated activity)</p>	<p>OAE Denied</p>