

## Disclosure Form

Self-Declaration of Financial Interests affecting NIH-Grant Number (NSF-Grant; US-foundation)

This disclosure form is in accordance with Policy on Financial Conflict of Interest (FCOI) of Heidelberg University (UHEI).

Name of Investigator, Title: \_\_\_\_\_

Department: \_\_\_\_\_

Entity: \_\_\_\_\_  
(if not UHEI as in case of subrecipients)

Address: \_\_\_\_\_

Project Title: \_\_\_\_\_

Main Award Number: \_\_\_\_\_

Role in project: \_\_\_\_\_

**A. No significant financial interests**

<input type="checkbox"/>	I confirm that I, as an investigator/collaborator/subgrantee being responsible for the design, conduct or reporting of research results of the above-named grant, have not been affected by a financial interest during the past 12 months. This includes financial interests of my spouse, or my dependent children.
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**B. Financial interests affecting PHS grants and other US Funding Agencies Grants/responsibilities at my institution.**

<input type="checkbox"/>	I, my spouse or my dependent children, have been affected by a financial interest during the past 12 months.  Please tick as appropriate and specify on a separate sheet.
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Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Stocks / Shares / Stock options / Equity interests and similar values:</b> During the past 12 months I, my spouse, or my dependent children have held such values which, when aggregated, exceed 5,000 US\$.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Ownership interests:</b> During the past 12 months I, my spouse, or my dependent children have held such interests which, when aggregated, represent more than 5% ownership interest in a single entity/company.

<input type="checkbox"/>	<input type="checkbox"/>	<b>Salary / Honoraria / Fees for services / Other payments:</b> During the past 12 months I, my spouse, or my dependent children have received above mentioned values which, when aggregated, exceed 5,000 US\$
<input type="checkbox"/>	<input type="checkbox"/>	<b>Patents / Copyrights / Royalties from such rights:</b> During the past 12 months I, my spouse, or my dependent children have received above mentioned values which, when aggregated, exceed 5,000 US\$).
<input type="checkbox"/>	<input type="checkbox"/>	<b>Travel reimbursements from firms and sponsored travels:</b> During the past 12 months I, my spouse, or my dependent children have received such values.

**Confirmation:**

I confirm that I have read and understood the “Policy on Financial Conflict of Interest (FCOI) of Heidelberg University” and that I comply with it. I have completed this disclosure form to the best of my knowledge and belief. I agree that the involved parties according to the policy may take insight in this disclosure form (i.e., the main awardee institution, the Institutional Officials of UHEI, PHS).

Place, Date:

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**Investigator’s Signature:**

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Completed forms should be returned to UHEI: Universität Heidelberg, Universitätsverwaltung, Dezernat Forschung, Seminarstr. 2, 69117 Heidelberg; hrs@zuv.uni-heidelberg.de.