



Financial Interests Report
(submitted pursuant to the requirements of the
Doheny Eye Institute Conflict of Interest policy)

Name: _____

I am reporting on activities: for the year _____
 as an addendum to my most recent report

<input type="checkbox"/> yes	<input type="checkbox"/> no	1. Compensation (including travel expenses). Have you or a member of your Family received compensation from a for-profit entity for activities such as consulting, expert witness, advisory board membership, and the like? If yes, furnish information on an additional page.
<input type="checkbox"/> yes	<input type="checkbox"/> no	2. Equity. Do you or a member of your family own stock or hold stock options with a publicly-traded or privately-owned entity? If yes, furnish information on an additional page.
<input type="checkbox"/> yes	<input type="checkbox"/> no	3. Role. Do you or a member of your family serve as a director, trustee, officer or other key employee in a for-profit corporation, partnership, business, or other entity outside of the Doheny Eye Institute. If yes, furnish information on an additional page.
<input type="checkbox"/> yes	<input type="checkbox"/> no	4. Intellectual Property. Do you or a member of your family have rights to and/or receive royalties from intellectual property (including, patents copyrights and trademarks but excluding academic or scholarly works) licensed to and/or owned by a for-profit entity? Do NOT include intellectual property owned or managed by the Doheny Eye Institute. If yes, furnish information on an additional page.

Certification:

I have read and understand the Doheny Eye Institute’s policy on Conflict of Interest and have completed this report to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by the Doheny Eye Institute to manage any real or perceived conflicts. Should my outside financial or managerial interests, or those of my Family, change in a way that results in different answers to any of the questions asked in this report, I agree to submit a revision.

Additional page(s) attached yes no

Signature

Printed Name

Date

Summary

Faculty investigators subject to an institutional affiliate’s FCOI policy are required to disclose their outside significant financial interests and those of the investigator’s family in accordance with said affiliate’s FCOI policy

Doheny Disclosures

<p>When:</p> <ul style="list-style-type: none">• Annually• Within 30 days of their initial appointment or employment.• Prior to entering into PHS-sponsored projects or applications, affirming the currency of the annual disclosure or submit an ad hoc updated disclosure.• Within thirty (30) days of discovery or acquisition of a new Significant Financial Interest.	<p>What:</p> <p>Significant Financial Interest a Financial Interest that reasonably appears to be related to the Investigator’s Institutional Responsibilities, and:</p> <ul style="list-style-type: none">• if with a publicly traded entity, the aggregate value of any salary or other payments for services received during the 12 month period preceding the disclosure, and the value of any equity interest during the 12 month period preceding or as of the date of disclosure, exceeds \$5,000; or• if with a non-publicly traded entity, the aggregate value of any salary or other payments for services received during the 12 month period preceding the disclosure exceeds \$5,000; or• if with a non-publicly-traded company, is an equity interest of any value during the 12 month period preceding or as of the date of disclosure; or• is income exceeding \$5,000 related to intellectual property rights and interests not reimbursed through the Institution, or• is reimbursed or sponsored travel related to their institutional responsibilities.
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Doheny Training

<p>When:</p> <ul style="list-style-type: none">• Prior to engaging in research funded by PHS.• At least every four years thereafter.• Immediately if<ul style="list-style-type: none">○ this Policy is substantively amended,○ if the investigator is new to the institution,○ if it is determined that the Investigator has not complied with this policy or with a management plan related to their activities.

ACKNOWLEDGEMENT

This is to acknowledge that I have received a copy of the Doheny Eye Institute Conflict of Interest Policy and that I understand it contains important information about conflicting interests as regulated by the DHHS and obligations as an employee. I acknowledge that I am expected to read and adhere to the conflict of interest policy.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (Typed or printed)