The University of Texas Health Science Center at San Antonio
Disclosure Statement
Financial Interests That May Relate to Research or Other Scholarly Activities
FY 2006-2007

The purpose of this document is to assist in the determination of whether potential conflicts of interest or commitment may exist that would impair or perceive to impair an individual’s objectivity when designing, conducting, or reporting research or other scholarly activities as required by the Health Science Center’s “Policies and Procedures for Promoting Objectivity by Managing, Reducing or Eliminating Conflicts of Interest or Commitment” (Policy). This disclosure is a requirement of that Policy and the regulations of The University of Texas System, and certain federal agencies. The information requested in this Statement is to be made for the individual Faculty Member (Health Science Center (HSC) salaried individual possessing either a full or part-time academic appointment at the HSC including, but not limited to principal investigators, project directors, or any other persons at the HSC who have the responsibility for the design, conduct, or reporting of research) and his/her Family (spouse, minor children and other persons living in the same household or financially dependent on the individual).

Please read carefully and be sure to answer all questions completely. Any incomplete forms are considered non-responsive and will be returned for re-submission.

Answering YES to Questions 2-5 requires additional information that must be reported in the attached Appendix. If you receive stock or stock options, you must list the number of shares and best estimate of value.

Your Department Chair or Academic Director will perform an initial review and evaluation. Disclosures will then be submitted to the Office of the Vice President for Research, and will be evaluated by the Conflicts of Interest Committee. This same process shall be followed for any revised or new Disclosure Statements that are submitted outside of the annual cycle. Incomplete forms will be returned as non-responsive.

1. Are you working at UTHSCSA part-time (less than 1.0 FTE) this academic year? Note that if you have a part-time salaried VA position, you should answer yes and indicate your percent UTHSCSA salary appointment (in this example that would be 37.5%).
   □ NO  □ YES (If Yes, please list your percent time ______%)

2. Do you or your member of your family (spouse, minor children or other dependent persons living in the same household or financially dependent on you), hold a financial interest or receive compensation that is more than $10,000 in an entity that conducts or seeks to conduct business with the UTHSCSA?
   □ YES (If YES, complete the Appendix for each such entity)
   □ NO

3. Do you or a member of your family have stock or stock options that represent more than 5% of the total equity with any business that conducts or seeks to conduct business with the UTHSCSA?
   □ YES (If YES, complete the Appendix for each such entity)
   □ NO
4. Do you or a member of your family serve as a director, trustee, officer or other key employee for a corporation, partnership, business or other entity that conducts or seeks to conduct business with the UTHSCSA?

☐ YES (If YES, complete the Appendix for each such entity)

☐ NO

5. Do you or a member of your family have rights to intellectual property (including patents, copyrights, trademarks) licensed to and/or owned by an outside entity, and that is related to the subject of your research or scholarly activities?

☐ YES (If YES, complete the Appendix for each such intellectual property)

☐ NO

6. Do you or a member of your family receive royalties from rights in intellectual property that have a total value of greater than $10,000 (including salary compensation, stocks, etc.) that is related to the subject of your research or scholarly activities?

☐ YES (If YES, complete the Appendix for each such intellectual property)

☐ NO

7. Do you receive any personal compensation (that is money that is available for your personal use and on which you are required to pay taxes) from any entity supporting a UTHSCSA IRB-approved clinical study in which you are involved?

☐ YES (If YES, complete the Appendix for each entity)

☐ NO

CERTIFICATION. I have read and understand the Health Science Center’s Policies and Procedures for Promoting Objectivity by Managing, Reducing or Eliminating Conflicts of Interest or Commitment and, made this Disclosure to the best of my knowledge and belief. I will comply with any conditions of restrictions imposed by the Health Science Center to manage conflicts of interest. Should my outside financial or managerial interests, or those of my Family, change during the next calendar year in a way that results in different answers to any of the above questions, I agree to submit a revised Disclosure.

Name: ____________________________________________________________

(please type or print legibly) ____________________________________________

(Signature) _________________________________________________________

Department ____________________________ School __________________________

Reviewed:

_______________________________________________________________

Academic Director/Department Chair (Date)

_______________________________________________________________

Academic Director/Department Chair Comments (if any):
APPENDIX

Entity ____________________________________________________________

Reporting for: ☐ Self    ☐ Family Member (Identify ____________________________)

1. Position:
   - Director, Officer or Other Employee ☐ YES ☐ NO
   - Advisor (Advisory Board) ☐ YES ☐ NO
   - Consultant ☐ YES ☐ NO
   - Other (Describe _______________) ☐ YES ☐ NO

   Average days per year committed to this position ________.

2. Compensation:
   - Stock, stock options or other ownership interests ☐ YES ☐ NO
   - Royalty income ☐ YES ☐ NO
   - Consulting fees ☐ YES ☐ NO
   - Other (Describe ________________) ☐ YES ☐ NO

3. Please list the total value of Equity Holdings for this entity (estimate): $__________
   (If privately-held company, indicate % of equity ______________)

4. Amount of annual compensation of other financial consideration from Entity (if applicable):
   $__________.

5. Type of Funding at the UTHSCSA (please check all that apply):
   - ☐ Federally sponsored research (PHS, NSF, Military, etc.)
   - ☐ Privately sponsored research (Companies, Foundations, etc.)
   - ☐ Clinical Trial
   - ☐ Gift
   - ☐ Technology licensing arrangement
   - ☐ Other (please specify) ___________________________________________________
6. **Clinical Trials:** If you are an investigator (either principal investigator or co-investigator) of a clinical study (i.e. involving human subjects), **is the company named above:**

- Sponsoring the study? □ YES □ NO □ N/A
- Testing one of your inventions? □ YES □ NO □ N/A
- Licensed to use one of your inventions? □ YES □ NO □ N/A
- Testing one of its products for regulatory approval or other purpose? □ YES □ NO □ N/A

Please use the space below as necessary to describe your role in the study (study design, patient enrollment, data collection, analysis, inventions licensed, etc.)