

**Disclosure Form:**

**Self-disclosure of financial interests in the context of PHS/NSF projects**

This form refers to the 'Policy on Financial Conflicts of Interest concerning Grants from the US Public Health Service (PHS) Agencies and the US National Science Foundation (NSF) at the Medical Faculty of Heinrich Heine University'.

Name of the project team member:

Function within the project:

Name of the project manager:

Clinic/institute:

Address:

Project title:

Funding body (PHS/NSF):

Grant/project number:

With regard to the PHS/NSF grants (hereinafter jointly referred to as 'US grant') awarded for the above specified project, in which I am responsible for the planning, implementation of the project and/or reporting of the project results, I hereby confirm that that I hold:

**A. no significant financial interests**

As a project team member in the above-mentioned project, I hereby confirm that neither I nor those close to me have any significant financial conflict of interest that could have a direct and material impact on the above-mentioned project and the US grant.

**B. significant financial interests**

One or more of the following financial conflicts of interest have arisen for me and/or those close to me that could have a direct and significant impact on the above-mentioned project and the US grant:

Yes	No	
		<b>Shares/ business interests / share options / equity interests or similar:</b> During the last 12 months, I and/or those close to me have held assets that, in the aggregate, exceed US\$ 5,000.
		<b>Ownership interests:</b> During the past 12 months, I and/or those close to me have held ownership interests that, in the aggregate, exceed 5% of a specific company.
		<b>Salary / fees / remuneration / other payments:</b> During the last 12 months, I and/or those close to me have received payments of the above type that, in the aggregate, exceed US\$ 5,000.
		<b>Patents / copyrights / royalties from such rights:</b> I and/or those close to me have received rights and interests in intellectual property that generate income exceeding US\$ 5,000.
		<b>Travel reimbursement from companies or sponsored travel:</b> During the past 12 months, I and/or those close to me have been beneficiaries of such travel arrangements.

**Please specify in detail if 'Yes':**

Type of financial interest:

Name and location of company:

Approximate total value of financial interest in USD (rounded to the nearest thousand USD):

**Confirmation**

I hereby confirm that I have read and understood the 'Policy on Financial Conflicts of Interest concerning Grants from the US Public Health Service (PHS) Agencies and the US National Science Foundation (NSF) at the Heinrich Heine University School of Medicine' and that I will comply with it. I have completed this self-disclosure form to the best of my knowledge and belief. In addition, I hereby agree that this form may be disclosed to the parties concerned as set out in the above-mentioned Policy.

Place, Date:

Signature of the project member: