

TUHSC Annual Financial Disclosure Form - 2006

Please answer the following questions. Terms in bold type are defined in the Tulane Conflict of Interest Policy, a copy of which is available on the Research Administration home page on the Web (<http://www.som.tulane.edu/researchadmin/forms/coiPolicy.html>) or by calling the Office of Research Administration at 988-5613.

1. Do you or any member of your **immediate family** (spouse and dependent children, including step children) have a **consulting** relationship or a **significant financial interest** (a financial interest which exceeds \$10,000 or 5% ownership when aggregated for your immediate family) in:

YES NO

- a. ___ ___ business which tests, markets or produces a product which would be evaluated or further developed through your research activities?
- b. ___ ___ business that does business with Tulane, which business you are in a position to influence?
- c. ___ ___ a sponsor of your research?
- d. ___ ___ any other business in which there could be an appearance of a conflict of interest or which could reasonably appear to be affected by your research interests or educational activities?

2. Have you performed consulting or engaged in outside employment during the past academic year (July 1 - June 30)? If yes, list the name(s) of the organization(s), the duties performed, and the time devoted to the activity on an attached sheet.

YES NO
___ ___

3. Do you hold any position or appointment as an officer, director, or provide service in a management capacity in an commercial, industrial, business or financial organization which does business with or has a relationship with the University?

YES NO
___ ___

4. Do you have outside professional or income producing activities involving University students?

YES NO
___ ___

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, please provide details on an separate sheet of paper, attach to this form, and return to the appropriate designated official as stated below.

I hereby acknowledge that I have read and understood the Conflict of Interest Policy and have answered fully and to the best of my ability. I will update this disclosure if my circumstances change.

Signed this _____ day of _____, 2006.

Signature

Printed name

Department/Unit

Return to the Dean of your school or college, for Primate Center employees to the Director of the Primate Center, or in the case of staff appointed to non-academic departments, to the office of the Sr. Vice President for the Health Sciences. For questions or additional information, please call your Dean or Research Administration, 988-5613.