



Disclosure Form: Self-disclosure of financial interests related to PHS/NIH/NSF projects

This form refers to the [“Financial Conflict of Interest Policy for Research Undertaken at Technische Universität Dresden Funded by Agencies of the United States Public Health Service \(PHS\) or the United States National Science Foundation \(NSF\)”](#) (official German title: „Richtlinie der Technischen Universität Dresden zu finanziellen Interessenkonflikten bei Zuwendungen der US-amerikanischen Public Health Service (PHS) Agencies und der US-National Science Foundation (NSF)“)

Name of the Investigator:

Role within the project:

Responsible Project Leader:

Chair/ Organizational Unit:

Project title:

Grant-/Project number:

With regard to the above project, I have the following financial interests

A. no financial interests in connection with NIH grants

As a project investigator in the above NIH project, I hereby certify that I have had no financial interest in connection with the NIH grant for the preceding 12 months.

B. financial interests in connection with NIH grants

During the preceding 12 months, I had a financial interest related to the NIH grant.

Yes	No	
		Shares / business shares / stock options / equity participations or similar: During the last 12 months, I, my spouse, my partner as defined by the LPartG (Law on civil partnership) or my children owned such assets.
		Ownership shares: During the last 12 months, I, my spouse, my civil partner within the meaning of the LPartG or my children have owned ownership interests that, when added together, exceed 5% of a given business.
		Salary / fees / compensation / other payments: During the last 12 months, I, my spouse, my civil partner as defined in the LPartG or my children partner as defined by the LPartG or my children have received payments of the type mentioned above.
		Patents / copyrights / royalty payments from such rights: During the last 12 months, I, my spouse, my civil partner within the meaning of the LPartG or my children have received payments or rights of the above kind.
		Reimbursement of travel expenses by companies or sponsored travel: During the past 12 months, I, my spouse, my civil partner as defined in the LPartG, or my children were beneficiaries of such travel.

Further explanation:

Type of financial interest:

Name and registered office of the company:

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

Confirmation

I hereby certify that I have read, understand, and will comply with the „Financial Conflict of Interest Policy for Research Undertaken at Technische Universität Dresden Funded by Agencies of the United States Public Health Service (PHS) or the United States National Science Foundation (NSF)“ (official German title: „Richtlinie der Technischen Universität Dresden zu finanziellen Interessenkonflikten bei Zuwendungen der US-amerikanischen Public Health Service (PHS) Agencies und der US-National Science Foundation (NSF)“) including all reporting obligations of financial interest as well as the unprompted participation in the FCOI Online Tutorial and the submission of the participation confirmation. I have completed this self-disclosure form to the best of my knowledge. I agree that the persons/institutions named in the policy above may have access to this form.

Place, date

Signature Investigator