

### Significant Financial Interests Disclosure Form

(Submitted pursuant to the requirements of PS-98, LSU Financial Conflicts of Interest in Research Policy)

Name: \_\_\_\_\_

I am reporting on activities for LSU Proposal Number(s) \_\_\_\_\_:

☐ for the project year \_\_\_\_\_

☐ as an addendum to my most recent disclosure form

Refer to definitions and exclusions in PS-98.

|                              |                             |   |
|------------------------------|-----------------------------|---|
| <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 LSU. 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 LSU. If yes, furnish information on an additional page. |

Certification:

I have read and understand PS-98 LSU's Financial Conflicts of Interest in Research Policy and have completed this disclosure form to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by LSU 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 disclosure form, I agree to submit a revision.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
("Per" signature not acceptable)

☐ additional page(s) attached  
Addition to SFIs Disclosure Form of: \_\_\_\_\_

Reporting for ☐ self ☐ family member:  
name: \_\_\_\_\_  
relationship: \_\_\_\_\_

Name of External Entity: \_\_\_\_\_  
Address of External Entity: \_\_\_\_\_

Type of external relationship: (check all that apply)

|                          |                              |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Consultant                   |
| <input type="checkbox"/> | Speaker                      |
| <input type="checkbox"/> | Advisory Board or Committee  |
| <input type="checkbox"/> | Equity Holdings              |
| <input type="checkbox"/> | Governing Board or Officer   |
| <input type="checkbox"/> | Intellectual Property Rights |
| <input type="checkbox"/> | Royalty Income               |
| <input type="checkbox"/> | Other (describe below)       |

Amount of compensation or financial interest in reporting period: \$ \_\_\_\_\_

If travel paid by entity:  
Destination \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Comments or explanatory information: