

You have filed a financial interest disclosure statement (Government or 700-U) in which you acknowledged having a financial interest. The SJSU Financial Conflict of Interest Policy requires that the Associate Vice President (AVP) for Research conduct a substantive review of the research project and evaluate the disclosure and information requested through this addendum to assess whether the potential for a conflict of interest exists. The AVP for Research is further required to determine how it is necessary to manage the potential for a Financial Conflict of Interest.

Please read the questions carefully. To avoid any unnecessary delays, please be specific and answer each question completely.

Investigator Information

Investigator Name: _____
 Investigator Title: _____
 Department and College: _____
 Project Title: _____
 Proposed Sponsor: _____

Principal Investigator Information (If different from above)

Investigator Name: _____
 Investigator Title: _____
 Department and College: _____

Name of Entity: _____
 Address of Entity: _____
 Principal Business of Entity: _____

Attach Please attach a brief summary, statement of work, or abstract describing the project.

Does the project involve:			Protocol Number
Human Subjects	Yes	No	IRB
Animal Subjects	Yes	No	IACUC
Recombinant DNA, biohazardous materials or Select Agents	Yes	No	IBC

I. Employment

1. Do you, your spouse/domestic partner or dependent children hold a position of management or employment with this entity?

Yes No

If yes, please specify:

Director	Officer	Partner	Board Member
Co-Founder	Consultant	Trustee	Employee
Other:			

Describe the responsibilities of your position with the entity and how it you keep them separate from your institutional responsibilities and this project. Use a separate page if necessary.

Will the terms of this employment in any way restrict the release of information or other dissemination of results by you or any other investigator working on the project?

Yes No

If you indicated **yes**, please explain any restrictions.

2. If you indicated **Consultant** above, do you, your spouse/domestic partner, or dependent child have a written consulting agreement with the entity, independent of your university employment?

Yes No

Attach Please attach a copy of this agreement

II. Outside Interests

1. How are you keeping your interests and obligations to the entity separate from your institutional responsibilities?

2. Were you part of the formal committee or body that made the decision that led to the award?

Yes No

If you indicated **yes**, please explain the circumstances.

III. Income

1. Have you, your spouse/domestic partner or dependent children received remuneration from the entity during the reporting period?

Yes No

If yes, please select the amount:

\$500-\$1000 \$1,001-\$10,000 \$10,001-\$100,000 Exceeds \$100,000

If yes, what is the nature of the income?

Consulting Per Diem Honorarium Salary
In-Kind Payment Other:

2. Have you received gifts from this entity valued at more than \$50 during the reporting period?

Yes No

If you indicated **yes**, please describe the gift, the value, and the date received below.

3. Do you have a loan arrangement with the entity for which the balance exceeded \$500 during the reporting period?

Yes No

If you indicated **yes**, please provide the amount of the loan and explain the terms of the loan arrangement below.

IV. Equity

1. Do you, your spouse/domestic partner or dependent children hold an equity interest in this entity?

Yes No

If yes, please indicate the percentage of equity:

What is the nature of this equity interest?

Bonds Convertible Security Stocks/Stock Options
Other:

What is the value of this equity interest? If the stock is not publicly traded, please provide in internal estimate of value.

\$0-\$2000	\$2,001-\$5,000	\$5,001-\$10,000	\$10,001-\$100,000
\$100,001-\$1,000,000	Exceeds \$1,000,000		

V. Other Financial Relationships

1. Is the entity a subcontractor, consortium member, supplier of goods, lessor, or otherwise involved with this project?

Yes No

If you indicated **yes**, please explain the relationship below, including the approximate cost of goods.

2. Does the entity manufacture or commercialize any product (for example, any device, vaccine, procedure or drug) that will be used in this project or is associated with this project?

Yes No

If you indicated **yes**, please explain below.

3. Is the entity donating any proprietary data, materials, or equipment or providing them free of charge?

Yes No

If you indicated **yes**, please explain below.

4. Does the entity have any role in determining or deciding the direction of the project?
 Yes No
 If you indicated **yes**, please explain below.

5. Is it possible that the entity could be financially affected by the outcome of this project?
 Yes No
 If you indicated **yes**, please explain below.

VI. Student Involvement

1. Are any undergraduate students, graduate students, or postdoctoral fellows involved in the project?
 Yes No
 If you indicated **yes**, please list how many and in what capacity they will be involved.

2. Are you the advisor or supervisor to any of these students?
 Yes No
 If you indicated **yes**, please explain below.

3. Does the entity place any constraints or restrictions on reporting student work or course credit?
 Yes No
 If you indicated **yes**, please explain below.

VII. Use of University Resources and Facilities

1. **For projects sponsored by private entities:** Is this entity supporting the full direct and indirect costs of this project? (Please indicate "NA" if the project is supported by gift funds or a federal agency.)
 Yes No NA

2. Please list the source and amount of any other funds supporting this project. Also, please include any university funds that will be used on the project.

3. Will any of this project be conducted in facilities owned or controlled by the entity?
 Yes No
 If you indicated **yes**, please explain below.

4. Will any of the entity's personnel work on the project?
 Yes No
 If you indicated **yes**, please explain below.

VIII. Intellectual Property

1. Are you the inventor of any drug, device, vaccine, or procedure associated with this project?
 Yes No
 If you indicated **yes**, please explain below.

2. **For projects sponsored by private entities:** Does this project require granting an exclusive license or option to this entity? (Please indicate "NA" if the project is funded by a federal agency.)
 Yes No NA

3. Does the entity hold rights to a pending patent application or issued patent to an invention or inventions, license rights or software copyright for you, your spouse/domestic partner, or dependent children?