

Disclosure Form:

Self-Declaration of Financial Interests affecting NIH - Grant N° _____

The disclosure form is in accordance with “Richtlinie zu finanziellen Interessenkonflikten bei Zuwendungen der US-amerikanischen National Science Foundation (NSF) und der National Institutes of Health (NIH) an der Freien Universität Berlin“.

Name of the Investigator:

Department:

Address:

Project Title

Main Award No.:

A. No significant financial interests affecting grants awarded by NIH

I confirm that I, as an investigator / collaborator / subgrantee being responsible for the design, conduct or reporting of research results of the above mentioned grant, have not been affected by a financial interest during the past 12 months.

B. Financial interests affecting grants awarded by NIH

I have been affected by a financial interest during the past 12 months.
Please tick as appropriate and specify on a separate sheet

Yes	No	
		Stocks / Shares / Stock options / Equity interests and similar values: During the past 12 months I, my spouse, or my dependent children have held such values which, when aggregated, exceed \$ 5'000.
		Ownership interests: During the past 12 months I, my spouse, or my dependent children have held such interests which, when aggregated, represent more than a 5% ownership interest in any single entity
		Salary / Honoraria / Fees for services / Other payments: During the past 12 months I, my spouse, or my dependent children have received above mentioned values which, when aggregated, exceed \$ 5'000.
		Patents / Copyrights / Royalties from such rights: During the past 12 months I, my spouse, or my dependent children have received above mentioned values which, when aggregated, exceed \$ 5'000.
		Travel reimbursements from firms and sponsored travels: During the past 12 months I, my spouse, or my dependent children have received above mentioned values.

Confirmation

I confirm that I have read and understand the “Richtlinie zu finanziellen Interessenkonflikten bei Zuwendungen der US-amerikanischen National Science Foundation (NSF) und der National Institutes of Health (NIH) an der Freien Universität Berlin” and that I comply with it. I have completed this disclosure form to the best of my knowledge and belief. I agree that the involved parties according to the “Richtlinie” may take insight in this disclosure form.

Place, Date

Investigator's Signature: