**Conflict of Interest**

Definitions:

*“Entity” is any for-profit organization, institution, corporation, partnership, or other legal entity (other than a Federal, state or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center or a research institute that is affiliated with an institution of higher education) that conducts or seeks to conduct business with PBRC/LSU.*

*“PBRC/LSU” is defined as PBRC and/or any other campus or component of the Louisiana State University System.*

*“Covered Personnel” include, but are not limited to:*

* *An individual who, regardless of title or position, is responsible for the design, conduct, or reporting of research conducted by Pennington Biomedical Research Center including a Principal Investigator, Co-investigator, or Project Director*
* *All employees of Pennington Biomedical Research Center*

*“Covered Family Member” Spouses, dependent children (including step-children and grandchildren), spouses of children, spouses of siblings of covered personnel and any other person financially dependent on the Covered Personnel or any other person with whom the Covered Personnel has joint financial interests such that an objective third party could reasonably conclude that the Covered Personnel’s decisions or other exercise of professional responsibilities at PBRC could be influenced by the effect of that action on the person’s financial interest. Covered Family members are considered without regard to whether a legal or biological family relationship exists with the Covered Personnel. If the Covered Personnel is in doubt about if someone is a*

*Covered Family Member, he/she should resolve the doubt in favor of disclosure.*

*“Significant Financial Interest” one or more of the following interests of the Covered Personnel and those of the Covered Family Members that reasonably appears to be related to the Covered Personnel’s institutional responsibilities:*

*For purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary (e.g. consulting fees, honoraria, paid authorship, equity interest, (which includes any stock, stock option or other ownership interest)), as determined through reference to public prices or other reasonable measures of fair market value.*

*A financial interest exists if one or more of the following interests of the Covered Personnel and those of the Covered Family Members that reasonably appears to be related to the Covered Personnel’s institutional responsibilities:*

1. *With regard to any publicly traded entity, a significant financial interest exists if any remuneration is received from the entity in the twelve (12) months preceding the disclosure and the value of any equity interest in the entity as of the date of disclosure, when aggregated, exceeds five thousand dollars ($5,000)*
2. *With regard to any non-publicly traded entity, a significant financial interest exists if the value of any remuneration is received from the entity in the past twelve (12) months preceding the disclosure, when aggregated, exceeds five thousand dollars ($5,000) or when the Covered Personnel or the Covered Personnel’s Family Members holds any equity interest (e.g. stock, stock options, or other ownership interest); or*
3. *Intellectual property rights and interests (e.g. patents, copyrights) upon receipt of income related to such rights and interests.*
4. *Covered Personnel must also disclose the occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the Covered Personnel and not reimbursed to the Covered Personnel so that the exact monetary value may not be readily available), related to their institutional responsibilities; provided that this disclosure requirement does not apply to travel that is reimbursed or sponsored by a Federal, state or local government agency, an Institution of higher education as defined at 20 U.S.C 1001(a), an academic teaching hospital, a medical center or a research institute that is affiliated with an Institution of higher education.*

*The term “Significant Financial Interest” does not include the following types of financial interests:*

1. *salary, royalties, or other remuneration paid by the Institution to the Covered Personnel if the Covered Personnel is currently employed or otherwise appointed by the PBRC/LSU, including intellectual property rights assigned to the PBRC/LSU and agreements to share in royalties related to such rights, any ownership interest in the PBRC/LSU held by the Covered Personnel,*
2. *income from investment vehicles, such as mutual funds and retirement accounts, as long as the Covered Personnel or Covered Family Members do not directly control the investment decisions made in these vehicles,*
3. *income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C 1001(a), an academic teaching hospital, a medical center or a research institute that is affiliated with an Institution of higher education, or*
4. *income from service on advisory committees or review panels for a Federal, state or local government agency, an institution of higher education as defined at 20 U.S.C 1001(a), an academic teaching hospital, a medical center or a research institute that is affiliated with an Institution of higher education.*

*+++Please note that the abovementioned exclusions shall not apply if the compensations or transfer of equity interest is conditioned upon a particular outcome in research project+++*

**Financial Disclosure Questions:**

1. Publicly Traded Company:
   1. Do you have a Significant Financial Interest (including but not limited to consulting fees, honoraria, paid authorship, or equity interests including stock, stock options, or other ownership interests) in a publicly-traded company which in the past twelve (12) months, when aggregated, exceeds $5,000 from the date of completing this disclosure form?  **YES**  **NO**
      1. If yes, please provide the following information:
         1. Company name and address
         2. Company area of business and/or products
         3. Affiliation and/or time commitment with company
         4. Specific description of financial relationship with the company
         5. Additional information that might be helpful.
   2. Do any of your Covered Family Members have a Significant Financial Interest (including but not limited to consulting fees, honoraria, paid authorship, or equity interests including stock, stock options, or other ownership interests) in a publicly-traded company which in the past twelve (12) months, when aggregated, exceeds $5,000 from the date of completing this disclosure form?

**YES  NO**

* + 1. If yes, please provide the following information:
       1. Covered Family Member’s relationship to you
       2. Company name and address
       3. Company area of business and/or products
       4. Affiliation and/ or time commitment with company
       5. Specific description of financial relationship with the company
       6. Additional information that might be helpful

1. Non-Publicly Traded Company, including Foundations or Trusts:
   1. Do you have a Significant Financial Interest (including but not limited to consulting fees, honoraria, paid authorship, etc.) in a non-publicly-traded company which in the past twelve (12) months, when aggregated, exceeds $5,000 from the date of completing this disclosure form?  **YES  NO**
      1. If yes, please provide the following information:
         1. Company name and address
         2. Company area of business and/or products
         3. Affiliation and/or time commitment with company
         4. Specific description of financial relationship with the company
         5. Additional information that might be helpful
   2. Do you have an equity interest including stock, stock options, or other ownership interests in a non-publicly traded company (any equity interest, regardless of amount, must be disclosed)?  **YES  NO**
      1. If yes, please provide the following information:
         1. Company name and address
         2. Company area of business and/or products
         3. Affiliation and/or time commitment with company
         4. Specific description of financial relationship with the company
         5. Additional information that might be helpful
   3. Do any of your Covered Family Members have a Significant Financial Interest consulting fees, honoraria, paid authorship, etc.) in a non-publicly-traded company which in the past twelve (12) months, when aggregated, exceeds $5,000 from the date of completing this disclosure form?  **YES  NO**
      1. If yes, please provide the following information:
         1. Covered Family Member’s relationship to you
         2. Company name and address
         3. Company area of business and/or products
         4. Affiliation and/or time commitment with company
         5. Specific description of financial relationship with the company
         6. Additional information that might be helpful
   4. Do any of your Covered Family Members have equity interests including stock, stock options or other ownership interests in a non-publicly-traded company?  **YES  NO**
      1. If yes, please provide the following information:
         1. Covered Family Member’s relationship to you
         2. Company name and address
         3. Company area of business and/or products
         4. Affiliation and/or time commitment with company
         5. Specific description of financial relationship with the company
         6. Additional information that might be helpful
2. Intellectual Property (IP) Rights:
   1. Do you receive income related to any intellectual property interests (e.g. patents, copyrights)?  **YES  NO**
      1. If yes, please describe nature of intellectual property rights, percentage of interest in those rights, and with whom any joint rights are shared.
   2. Does your Covered Family Member receive income related to any intellectual property interests (e.g. patents, copyrights)?  **YES  NO**
      1. If yes, please describe nature of intellectual property rights, percentage of interest in those rights and with whom any joint rights are shared.
3. Travel:
   1. Do you and/or your Covered Family Member receive reimbursed, complementary, or sponsored travel that is not processed through PBRC?  **YES  NO***• Travel that is reimbursed by a federal, state or local agency, an institution of higher education, an academic teaching hospital, a medical center or a research institution that is affiliated with an institution of higher education DOES NOT have to be reported.*

*• Any travel reimbursed through the PBRC Research or Medical Foundation must be reported that does not meet the above exception.*

* + 1. If yes, please list: the purpose of the trip, the identity of the sponsor/organizer, the destination, and the duration.

1. PM-11:

LSU Presidential Memorandum Number 11 (PM-11) requires that all full-time employees of PBRC and the LSU System comply with its provisions and disclose all OUTSIDE Non-PBRC/LSU employment for which an economic benefit is received, as defined in the PM-11 policy.

A PM-11 form is to be completed each time you engage in Outside Non-PBRC/LSU activities or employment, when income (including stocks, honoraria, etc.) is received.

* 1. Do you have any PM-11’s in place at this time?  **YES  NO**
     1. If yes, please indicate company with whom PM-11 in place.
  2. Do you need to fill out any new PM-11’s to update your records?  **YES  NO**
     1. If yes, indicate company with whom PM-11’s need approval.

1. Business Concerns/PM-67:
   1. Do you or an entity in which you are an officer, director, trustee, employee or otherwise part of the governing authority have a business or financial relationship (including but not limited to licensing agreements or vendor relationships) with or are seeking to enter into a business or financial relationship with any part of the LSU System, including but not limited to PBRC or any other campus?  **YES  NO**
      1. If yes, please explain the nature of the proposed or current relationship.
   2. Does your Covered Family Member(s) or an entity in which your Covered Family Members are an officer, director, trustee, employee or otherwise part of the governing authority have a business or financial relationship (including but not limited to licensing agreements or vendor relationships) with or are seeking to enter into a business or financial relationship with any part of the LSU System, including but not limited to PBRC or any other campus?  **YES  NO**
      1. If yes, please explain the nature of the proposed or current relationship.
   3. PM-67

*LSU Presidential Memorandum Number 67 (PM-67) governs the limited circumstances when contracts between the University and its Faculty Members can be made. Those instances include disposition of intellectual property rights or activities relating to research.*

Do you have a business concern that needs to be submitted for a PM-67 review process?  **YES  NO**

* + 1. If yes, contact Director of Legal and Regulatory Compliance for process to submit for PM-67 approval.

I agree to update this form within thirty (30) days of any status change if, at any time during the year, an event causes a change in status regarding external activities, I recognize that I am required to update this disclosure within thirty (30) days of any change in financial interests in accordance with PBRC policy and Federal Regulations. By signing below, I am confirming that all of the above information I have provided is accurate and I certify that, to the best of my knowledge and belief, all of the information on this disclosure is true, correct, complete, and made in good faith.

All financial and other confidential information disclosed by Faculty and Staff to the individuals described will be maintained in confidence. The Conflicts Committee may disclose such information only to other University administrators as necessary in order to carry out the purpose of this policy. No other uses or disclosures of the financial and other confidential information of a Faculty or Staff member will be permitted, unless required by law.

Printed Name:

Signature:

Date: