

## CONFLICT OF INTEREST FINANCIAL DISCLOSURE 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 LSU's Pennington Biomedical.

**Pennington Biomedical/LSU:** is defined as Pennington Biomedical Research Center 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 and/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 and institutional community members of consultants advising the IRB, IACUC, and IBC.

**Covered Family Member:**

- Parents, siblings, spouses<sup>1</sup>, 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 Significant Financial Interests such that an objective third party could reasonably conclude that the Covered Personnel's decisions or other exercise or professional responsibilities at Pennington Biomedical could be influenced by the effect of that action on the person's Significant 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 appear 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.

1. With regard to any publicly traded entity, a Significant Financial interest exists if the value of any remuneration received from the entity in the twelve 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 received from the entity in the twelve months preceding the disclosure, when aggregated, exceeds \$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

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<sup>1</sup> Effective April 18, 2014, all HHS grantees are expected to recognize any same-sex marriage legally entered in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, that District of Columbia, or a U.S. territory or in a foreign country so long as the marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of jurisdiction of celebration as something other than marriage.

3. Intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests.
4. Covered Personnel also must 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 Pennington Biomedical/LSU, including intellectual property rights assigned to Pennington Biomedical/LSU and agreements to share in royalties related to such rights; any ownership interest in Pennington Biomedical/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 does 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, and 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:** The abovementioned exclusions shall not apply if the ownerships, stock options, or compensation, transfer of equity interest, or other financial interest will be affected by the outcome of the research. **\*\***

## CONFLICT OF INTEREST FINANCIAL DISCLOSURE QUESTIONS

### 1. PUBLICLY TRADED COMPANY:

- a. Did you receive a significant financial interest (including but not limited to income, payment for services, consulting fees, honoraria, paid authorship, or equity interests including stock, stock options, or other ownership interests) in a US or foreign 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 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: \_\_\_\_\_
- Additional information that might be helpful: \_\_\_\_\_

- b. Did any of your Covered Family Members receive a significant financial interest (including but not limited to income, payment for services, consulting fees, honoraria, paid authorship, or equity interests including stock, stock options, or other ownership interests) in a US or foreign 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 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: \_\_\_\_\_
- Additional information that might be helpful: \_\_\_\_\_

### 2. NON-PUBLICLY TRADED COMPANY, INCLUDING FOUNDATIONS OR TRUSTS

- a. Do you have a significant financial interest (including but not limited to income, payment for services, consulting fees, honoraria, paid authorship, etc.) in a US or foreign 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 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: \_\_\_\_\_
- Additional information that might be helpful: \_\_\_\_\_

- b.** Do you have an equity interest including stock, stock options, or other ownership interests in a US or foreign non-publicly traded company (any equity interest, regardless of amount, must be disclosed)?

**Yes**  **No** 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: \_\_\_\_\_
- Additional information that might be helpful: \_\_\_\_\_

- c.** Do any of your Covered Family members have a Significant Financial Interest (income, payment of services, 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** 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: \_\_\_\_\_
- Additional information that might be helpful: \_\_\_\_\_

- d.** Do any of your Covered Family Members have equity interests including stock, stock options or other ownership interests in a US or foreign non-publicly traded company?

**Yes**  **No** 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: \_\_\_\_\_
- Additional information that might be helpful: \_\_\_\_\_

### **3. INTELLECTUAL PROPERTY (IP) RIGHTS**

- a.** Do you receive income related to any intellectual property interests (e.g., patents, trademarks, copyrights) either paid by the Institution or paid by an entity other than Institution that exceeds \$5,000?

**Yes**  **No** If yes, please provide a description of these intellectual property rights.

- b.** Does your Covered Family Member receive income related to any intellectual property interests (e.g., Patents, copyrights)?

**Yes**  **No** If yes, please provide a description of these intellectual property rights.

4. **Pennington Biomedical Research Foundation:** Are you aware of any gifts, contributions, or grants that have been received by the Pennington Biomedical Research Foundation pertaining to your area of research that exceeds \$5,000 from one donor?

**Yes**  **No** Please provide a description of the gifts, contributions, or grants that have been received from the Pennington Biomedical Research Foundation.

5. **In-Kind Donations:** Have you received any in-kind donations within the last 12 months?

**Yes**  **No** (A copy of the in-kind donations section of the Other Support may be attached to this form)

In-kind contributions include, but are not limited to office/laboratory space, equipment, supplies, or employees or students supported by an outside source. If the time commitment or dollar value of the in-kind contribution is not readily ascertainable, the recipient must provide reasonable estimates.

6. **Affiliations and/or Scientific Appointments:** Do you have any affiliations and/or scientific appointments, both domestic and foreign, including affiliations with foreign entities or governments, other than your position at Pennington Biomedical Research Center? (This includes titled academic, professional, or institutional appointments whether or not remuneration is received, and whether full-time, part-time, or voluntary (including adjunct, visiting, or honorary).

**Yes**  **No** Please list all current positions and scientific appointments, both domestic and foreign, including affiliations with foreign entities or governments held. (A copy of the Positions and Appointments section of Other Support may be attached).

7. **Travel:** Do you and/or your Covered Family member receive reimbursed, complementary, or sponsored travel that is not processed through Pennington Biomedical?

**Yes**  **No** If yes, please provide the following information:

1. The purpose of the trip: \_\_\_\_\_
2. The identity of the Sponsor/Organizer: \_\_\_\_\_
3. The destination of the trip: \_\_\_\_\_
4. The duration of the trip: \_\_\_\_\_

**\*\* Only Non-LSU/PB investigators stop here – Skip to Signature Section\*\* PB/LSU  
Investigators continue answering questions 8 – 11.**

8. **PM-11:** Louisiana State University Presidential Memorandum Number 11 (PM-11) requires that all full-time employees of LSU comply with its provisions as defined in the PM-11 Policy. PM-11 applies to all LSU/Pennington Biomedical faculty and staff for any events/activities you receive compensation, including travel supplements, stipends, or honoraria.

A PM-11 form is to be completed each time you engage in Outside Non-PB/LSU Activities or employment, when income (including stocks, honoraria, etc.) is received. This information must be submitted at least annually. Blanket approval will not be granted.

a. Do you have any PM-11's in place at this time?  **Yes**  **No**

If yes, please indicate the company with whom PM-11 is in place currently.

b. **PM-11:** Do you need to fill out any new PM-11's to update your records?  **Yes**  **No**  
(PM-11 Forms for outside employment must be approved at least annually.

**9. BUSINESS CONCERNS / PM-67**

- a. 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 PB or any other campus?  **Yes**  **No**

If yes, please explain the nature of the proposed or current relationship.

- b. Does you Covered Family Member(s) or an entity in which you 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 business or financial relationship with any part of the LSU System, including but not limited to PB or any other campus?

**Yes**  **No** If yes, please explain the nature of the proposed or current relationship.

**10. 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**

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

**11. AGREE TO UPDATE**

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 PB policy and Federal Regulations.

By selecting “**I Agree**” and 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.  **I Agree**  **I Do Not Agree**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_