**BIOSPYDER TECHNOLOGIES, INC.**

 **SFI DISCLOSURE FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Investigator Name (Last, first, middle):** | **Work Phone:** | **Date of Disclosure:** | **Date FCOI Training Received:** |
| **Relevant Project(s) Grant No:** |

**BioSpyder Employees continue to Parts 1, 2 and 3 of this form**

|  |
| --- |
| Only non-BioSpyder Investigators complete this section**Employer’s Name:** Choose one of the following two options and follow the instructions indicated for that option |
| □ I am employed by an institution with a Financial Conflict of Interest Policy that complies with PHS regulations.Choose one of the following two options. |
|  | I have disclosed my significant financial interests and the work scope for this project to the FCOI Designated□ Official at my institute and he/she has determined that **I do not have a financial conflict** with working on this project.STOP AND SUBMIT THIS FORM TO administrator@BioSpyder.com |
|

|  |  |
| --- | --- |
| □ | I have disclosed my significant financial interests and the work scope for this project to the FCOI Designated Official at my institute and he/she has determined that **I may have a financial conflict** with working on this project. The FCOI management plan prepared by this Official will be submitted separately. |

STOP AND SUBMIT THIS FORM TO  administrator@BioSpyder.com |
|  |

|  |  |
| --- | --- |
| □ | I am not employed by an institution with a compliant FCOI Policy and therefore agree to comply with BioSpyder’s FCOI Policy, including completing the FCOI training identified by BioSpyder and disclosing my significant financial interests to BioSpyder. |

CONTINUE TO COMPLETE PARTS 1, 2 AND 3 OF THIS FORM. |

|  |
| --- |
| **PART 1**ASSETSFor you, your spouse, and your dependent children, identify assets with a fair market value of $5,000 as of the date of disclosure. Assets include stocks, bonds, tax shelters, pensions, annuities, real estate, commodity futures, trades, and business andpartnership interests. Refer to the definitions below Part 3 for additional information. |
| □ I do not have any assets requiring disclosure. CONTINUE TO PART 2 OF THIS FORM. |
| □ I disclose the following assets. After completing this section, CONTINUE TO PART 2 OF THIS FORM.See next page |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Approximate value of the financial interest |
| Name of asset | Asset belongs to (Employee, | (X) if no | Asset Type (pension, stock, | $5,000 - $19,999increments of | $20,000-$100,000 | $100,000 andabove by |
|  | Spouse,Dependent | longer held | dividends,interest, real | $5,000 (e.g.$5,000to | Increments of$20,000 | increments of$50,000 |
|  | Child, or |  | estate, capital | $10,000) |  |  |
|  | combination) |  | gains) |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Part 2**SOURCES OF EARNED INCOME AND TRAVELFor you, your spouse, and your dependent children, identify sources of earned incomes which generated over $5,000 in income as of the date of this disclosure. Sources of Earned Income include salaries received from other than your current employer, fees, honoraria, and travel. |
| □ I do not have any sources of earned income or travel requiring disclosure. CONTINUE TO PART 3 OF THIS FORM. |
| □ I disclose the following sources of earned income or travel. After completing this section, CONTINUE TO PART 3 OF THIS FORM. |
|  | Name of Earned Income Source(s) | Income Recipient (Employee, Spouse, Dependent Child, or combination) | Income Type (salary, consulting fees, honoraria, etc.) | Approximate value of the financial interest |
| $5,000 - $19,999Increments of$5,000 | $20,000 -$100,000Increments of$20,000 | $100,000 and above Increments of$50,000 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| For travel disclosures, please provide the following additional detail |
| Travel Sponsor | Destination | Duration | Purpose |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **PART 3**SIGNATURE AND SUBMISSIONUpon completion of this disclosure form, please sign and email it as an attachment to administrator@BioSpyder.com. Submission of this form confirms your belief that all information provided is true, complete, and accurate to the best of your knowledge. |
| SignatureDateSignature of Investigator: |