**BIOSPYDER TECHNOLOGIES, INC.**

**SFI DISCLOSURE FORM**

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| **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**

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| 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](mailto: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](mailto:%20administrator@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. |

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| **PART 1**  ASSETS  For 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 and  partnership 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 |  |

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|  |  |  | |  |  | | Approximate value of the financial interest | | | | | | |
| Name of asset | Asset belongs to (Employee, | | (X) if no | Asset Type (pension, stock, | | $5,000 - $19,999  increments of | | | $20,000-  $100,000 | | $100,000 and  above 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) | |  | | |  | |  | |
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| **Part 2**  SOURCES OF EARNED INCOME AND TRAVEL  For 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 - $19,999  Increments of  $5,000 | | | $20,000 -  $100,000  Increments of  $20,000 | | $100,000 and above Increments of  $50,000 |
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| For travel disclosures, please provide the following additional detail | | | | | | | | | | | | |
| Travel Sponsor | | Destination | | | Duration | | | Purpose | | | | |
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| **PART 3**  SIGNATURE AND SUBMISSION  Upon completion of this disclosure form, please sign and email it as an attachment to [administrator@BioSpyder.com](mailto: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. | | | | | | | | | | | | | |
| Signature  Date  Signature of Investigator: | | | | | | | | | | | | | |