

**GIM 10
Exhibit 1**

Significant Financial Interest Disclosure Form

Instructions

Provide all information required in Parts I, II and III of this Significant Financial Interest Disclosure Form and obtain the recommending signatures indicated below. For detailed information on completing this form and the policy, procedures and definitions that apply, see GIM 10, Significant Financial Interest Disclosure Policy.

Part I – Disclosing Person

Name: _____

School or College: _____ Department or Other Unit: _____

This information is being submitted in connection with (check only one):

_____ Research (complete Part II-A only)

_____ Technology Transfer Transaction (complete Part II-B only)

Part II-A – Research (to be completed by Investigator)

Title: _____

_____ Sponsored Research or _____ Non-Sponsored Research (check one only)

_____ Human Subjects Research: _____ Clinical Trial _____ Non-Clinical Trial (check only if applicable)

Part II-B – Technology Transfer Transaction (to be completed by UW TechTransfer)

Title: _____

Name of Transferee: _____

Brief Description of Transaction: _____

Part III – Disclosures

I am disclosing all Significant Financial Interests, if any, of myself and my Immediate Family Members related to the matters described in Part II-A or Part II-B above (i) that would reasonably appear to be affected by such Research or Technology Transfer Transaction, and (ii) that are in an Entity that would reasonably appear to be affected by such Research or Technology Transfer Transaction. **(Complete either A or B)**

A – Disclosure of Significant Financial Interest

A detailed description of the nature and amount of all Significant Financial Interests is included in the attached envelope marked "Confidential" and addressed to the Vice Provost for Research and consists of one or more of the following:

_____ Compensation Interest (consulting fees, salaries, honoraria, etc.)

_____ Equity Interest (stocks, options, share of profits, etc.)

_____ Intellectual Property Interest (royalties, license fees, etc.)

_____ Other Financial Interest (anything else of monetary or economic value)

B – No Disclosure Required

_____ I have no Significant Financial Interest to disclose

I understand that the following are not considered Significant Financial Interests and are exempt from disclosure:

- salary and other forms of non-royalty and non-equity compensation paid by the University
- reasonable compensation paid by a public or nonprofit Entity in exchange for seminars, lectures or teaching engagements or for service on advisory committees or peer review panels
- for non-Human Subjects Research and Technology Transfer Transactions, Financial Interests where the total aggregate value thereof is less than \$10,000
- for non-Human Subjects Research and Technology Transfer Transactions, an Equity Interest representing less than a 5% ownership interest in an Entity (unless the value of the Equity Interest, either separately or aggregated with other Financial Interests, is greater than \$10,000)
- for Human Subjects Research that is not a Clinical Trial, Compensation Interests whose total value does not exceed \$5,000

I further agree:

- to provide any additional information requested by the Office of Research
- to cooperate in the development of an appropriate Management Plan as required by the Office of Research
- during the period of any Research described in Part II-A above, to update this disclosure on an annual basis and to submit a disclosure of all new Financial Interests arising during the Research
- to comply with all terms and conditions contained in any Management Plan
- to take reasonable measures to ensure that any of my Financial Interests that are less than a Significant Financial Interest do not adversely influence any Research or any person involved in any Research in which I participate as an Investigator or any Technology Transfer Transaction

Signed: _____ Date: _____
(Original Signature Required)

Recommendation for Approval

The undersigned have each reviewed the foregoing, but not any related confidential information provided to the Vice Provost for Research, and recommend that the Research or Technology Transfer Transaction, as the case may be, be approved on condition that any potential Conflicts of Interest related thereto be eliminated, reduced or otherwise adequately managed.

Department/Unit Head: _____ Date: _____

School/College Dean: _____ Date: _____