

## Disclosure Form:

### Self-declaration of financial interests in connection with NIH Grant N° \_\_\_\_\_

This form refers to the *Guidelines of Friedrich-Alexander-Universität Erlangen-Nürnberg on financial conflicts of interest affecting grants from the US Public Health Service (PHS) Agencies and the National Science Foundation (NSF)* ('*Richtlinie der Friedrich-Alexander-Universität Erlangen-Nürnberg zu finanziellen Interessenkonflikten bei Zuwendungen der US-amerikanischen Public Health Service (PHS) Agencies und der National Science Foundation (NIH)*').

Name of investigator:

Chair/address:

Project title:

NIH Grant N°

#### A. No financial interests affecting grants awarded by NIH

- ☐ As an investigator in the above-mentioned NIH project (responsible for planning or conducting the project and/or reporting on results), I hereby confirm that I have had no financial interest affecting the NIH grant in the past twelve months.

#### B. Financial interests affecting NIH grants

- ☐ During the last 12 months I had a financial interest affecting the NIH grant. (*Please tick as appropriate and specify on a separate sheet.*)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Stocks / shares / stock options / equity interests or the like:</b> During the past twelve months, I, my spouse, my life partner as defined by the German Act on Registered Life Partnerships (LPartG) or my children have held such values which, when aggregated, exceed USD 5,000.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Ownership interests</b> During the past twelve months, I, my spouse, my life partner as defined by the German Act on Registered Life Partnerships (LPartG) or my children have held ownership interests which, when aggregated, represent an ownership interest of over 5% in one particular entity (see enclosure).
<input type="checkbox"/>	<input type="checkbox"/>	<b>Salary / royalties / remuneration / other payments:</b> During the past twelve months, I, my spouse, my life partner as defined by the German Act on Registered Life Partnerships (LPartG) or my children have received such payments which, when aggregated, exceed USD 5,000.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Patents / copyrights / licence payments from such rights:</b> During the past twelve months, I, my spouse, my life partner as defined by the German Act on Registered Life Partnerships (LPartG) or my children have received payments or rights of this nature which, when aggregated, exceed USD 5,000.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Reimbursement of travel expenses by companies or sponsored travel:</b> During the past twelve months, I, my spouse, my life partner as defined by the German Act on Registered Life Partnerships (LPartG) or my children undertook and were reimbursed for such journeys.

#### Confirmation

I hereby confirm that I have read and understood the Guidelines of Friedrich-Alexander-Universität Erlangen-Nürnberg on financial conflicts of interest affecting grants from the US Public Health Service (PHS) Agencies and the National Science Foundation (NSF) (*Richtlinie der Friedrich-Alexander-Universität Erlangen-Nürnberg zu finanziellen Interessenkonflikten bei Zuwendungen der US-amerikanischen Public Health Service (PHS) Agencies und der National Science Foundation (NIH)*)' and that I will comply with it. I have completed this disclosure form to the best of my knowledge and belief. I agree that the individuals/institutions stated in Section 5 (4)(2) of the Guidelines may inspect this form.

Place, date:

Signature of investigator: