

Significant Financial Interests (SFI) Disclosure Form

(For research applicable to the Code of Federal Regulations)



Investigator Name: _____

Type of disclosure: Initial/Annual report Change in SFI

Financial Conflict of Interest (FCOI) [training](#) : completed/current pending
(Training required upon award from PHS, NSF or other applicable funding source, and renewed at least every 4 yrs.)

Significant Financial Interest (SFI): anything of monetary value received or held by an investigator or family member (spouse, domestic partner, parents, siblings or children), whether or not the value is readily ascertainable, that reasonably appears to be related to the investigator's institutional responsibilities. SFI includes:

- Salary or other payments for services (e.g., consulting fees, honoraria, or paid authorships for other than scholarly works) when the aggregated value received from a publicly traded entity during the 12 month period preceding the disclosure, and the value of any equity interest during the 12 month period preceding or as of the date of disclosure, exceeds \$5,000; or
- Salary or other payments for services, when the aggregated value received from a non-publicly traded entity during the 12 month period preceding the disclosure exceeds \$5,000; or
- Equity interests (e.g., stocks, stock options, or other ownership interests) in a non-publicly-traded company of any value during the 12 month period preceding or as of the date of disclosure; or
- Income related to intellectual property rights and interests (e.g., patents, trademarks, service marks, and copyrights) not reimbursed through NDSU; and
- Reimbursed or sponsored travel that is related to investigator's institutional responsibilities. This includes travel that is paid on behalf of the investigator rather than reimbursed, even if the exact monetary value is not readily available. It excludes travel reimbursed or sponsored by U.S. Federal, state or local governmental agencies, U.S. institutions of higher education, research institutes affiliated with institutions of higher education, academic teaching hospitals, and medical centers.

SFI does NOT include: 1) Salary, royalties, or other remuneration from NDSU; 2) income from the authorship of academic or scholarly works; 3) income from seminars, lectures, or teaching engagements sponsored by or from advisory committees or review panels for U.S. Federal, state or local governmental agencies, U.S. institutions of higher education, U.S. research institutes affiliated with institutions of higher education, academic teaching hospitals, or medical centers; or 4) equity interests or income from investment vehicles, such as mutual funds and retirement accounts, so long as the investigator does not directly control the investment decisions made in these vehicles.

Investigator certification: (mark one as applicable)

I certify **no SFI** related to my work for Liv Labs Inc., or

I **disclose SFI** (as indicated above) which may be related to my work for Liv Labs Inc. These interest(s) are detailed in the following worksheets. If space does not allow, I will disclose all my additional interests as an attachment.

By signing below, I certify that I have read and understand Liv Labs' Policy on Financial Conflicts of Interest. I understand that, if awarded, disclosure is required annually, and upon any changes throughout the duration of the applicable sponsored project.

Investigator Signature _____ Date _____

Return completed form to fcoi@liv-labs.com.

PART 1 - ASSETS

For you, your spouse and your dependent children, identify any 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.**

ASSET NAME	ASSET OWNER (LIST ALL THAT APPLY) Employee, Spouse, Dependent Child, or a combination.	(X) If no longer held	ASSET TYPE Pension, stock, dividends, real estate, interest, or capital gains	ASSET VALUE Approximate value of the financial interest.

PART 2 – SOURCES OF EARNED INCOME AND TRAVEL

For you, your spouse and your dependent children, identify sources of earned income that generated over \$5,000 in income as of the date of the disclosure. Sources of Earned Income include salaries received from sources other than your current employer, as well as fees, honoraria and travel.

I do not have any sources of earned income or travel requiring disclosure.

I disclose the following sources of earned income or travel:

NAME(S) OF EARNED INCOME SOURCES	INCOME RECIPIENT (LIST ALL THAT APPLY) Employee, Spouse, Dependent Child, or a combination.	INCOME TYPE Salary, consulting fees, honoraria, etc.	ASSET VALUE Approximate value of the income source.

For travel disclosures, please provide the following additional detail:

TRAVEL SPONSOR	DESTINATION	DURATION	PURPOSE