

**Disclosure Attachment for Investigators in Externally Sponsored Programs with Significant Financial Interests**

(ORCR Form #2.0)

This form is confidential and may be reviewed only by the appropriate Department Head/Director/Dean and others as designated in the UO Financial Conflict of Interest policy. Copies may be made only by the signer and by the Office for Responsible Conduct of Research. Originals are submitted to and maintained by the Office for Responsible Conduct of Research.

**Who should complete this form?**

All Investigators who answered "Yes" to Question #3 on the FCOI Disclosure Form (ORCR Form #1.0) must complete this Disclosure Attachment (ORCR Form #2.0) for each entity in which they and/or their family member(s) have a significant financial interest. "Family members" include the Investigator's spouse, domestic partner, and/or dependent children.

**When do I complete this form?**

Complete this form at the same time as your Financial Conflict of Interest Disclosure form (ORCR Form #1.0). Staple the forms together and submit them at the same time.

**Where can I find more information?**

For more information about the UO Financial Conflict of Interest policy, disclosure process, and forms visit:

<http://orcr.uoregon.edu>

**Please use a separate Disclosure Attachment for each external entity.  
Additional sheets may be used if more space is needed for your responses.**

**Name:**

**Disclosure Year:**

**This is the previous calendar (January-December) year.**

1. What is the name of the external entity in which you and/or your family member(s) have a significant financial interest?

2. Type of external entity:  
 Non-profit     Governmental     For-profit (publicly-owned)     For-profit (privately-held)

3. What is the primary business of this entity?

4. Do you have a UO Management Plan in place for this significant financial interest with this entity?  
 No     Yes

5. Briefly describe the nature and extent of your and/or your family member(s) significant financial interest.

6. Is the significant financial interest derived from royalties or licensing fees? If yes, describe the intellectual property to which these interests are related.

**(Continue to Reverse Side)**

7. What is your and/or your family member(s) role(s) with this entity (e.g., shareholder, director, officer, employee, independent contractor, etc.)?

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8. (a) What is the nature of the work that you and/or your family member(s) perform for this entity?

(b) How does the work you and/or your family member(s) perform for this entity relate to your university research or sponsored program?

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9. Check all of the following relationships that this entity has with the UO:  
 Licensee of UO Innovation     Vendor     Research Collaborator     Donor (Gift)  
 Employs UO Graduate Students     Unknown     Other (Please explain)

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10. With respect to your UO sponsored research or sponsored program:  
(a) Are any family members paid through your award?     No     Yes  
If "Yes," please provide their name(s): \_\_\_\_\_  
(b) Have you applied for or have current funding from NIH?     No     Yes  
(c) Have you applied for or have current funding from NSF?     No     Yes

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11. Does this entity or any of its employees use space, equipment, or facilities at UO on behalf of the entity?  
 No     Yes - Past 12 months     Yes - Next 12 months  
If "Yes", please identify the resources that were/will be used and if there is a written agreement between the UO and the entity to manage their use.

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12. Please explain what steps you and/or your family member(s) take (or propose to take) to manage, reduce, or eliminate potential or actual financial conflicts of interest with this entity:

**Please sign this form *and* the FCOI Disclosure Form (ORCR Form #1.0), staple them together, and submit to: UO Office for Responsible Conduct of Research, 1600 Millrace Drive, Suite 105, 5215 University of Oregon, Eugene, OR, 97403-5215 U.S.A.**

I agree to abide by University of Oregon's Financial Conflict of Interest policy. In submitting this form and disclosure attachments, if required, I certify that the information provided is true to the best of my knowledge. I supply this information for confidential review by University of Oregon, and for such other limited purposes as are required by law, regulation, or contract. I do not authorize release of any of it for any other purpose. I understand and agree that if there is a material change (an acquisition or disposition of a significant financial interest) to this information, I must submit a new disclosure within 30 days of that change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_