

Use the list of products/firms/issues in the cover memorandum to complete this form. Interests relating to these firms must be reported even if unrelated to products/indications listed.

Please answer all questions below to the best of your knowledge. If you are employed by a university or other research institution, you may have little or no personal knowledge about certain financial interests of your employer (e.g., the details of certain research grants in which you are not personally involved). In those cases, you are required to report only what you actually know about the interest, and you have no duty to inquire about further details from your employer. In some situations, however, you may hold a position (such as department chair) in which you exercise some authority with respect to research projects in which you are not personally involved as an investigator or researcher. In those cases, inquiry into additional information about the interest could be helpful in preventing unintentional conflicts of interest or appearances of impropriety.

1. CURRENT FINANCIAL INTERESTS

To your knowledge, do 1) you, your spouse, minor child, general partner, 2) organization in which you serve as an officer, director, trustee, general partner or employee, and/or 3) entity with whom you are negotiating or have any arrangement concerning prospective employment have any current involvement or financial link with the meeting/task issues (including competing companies)?

a. INVESTMENTS (e.g., stocks, bonds, retirement plans, trusts, partnerships, sector funds, etc.)

NONE (If "none," skip to Item b.)

FIRM	TYPE OF INVESTMENT	OWNER (self, spouse, etc.)	NUMBER OF SHARES	CURRENT VALUE	CHECK PERCENTAGE OF NET WORTH		
					LESS THAN 5%	5 - 15%	MORE THAN 15%
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. EMPLOYMENT (Full or Part Time) (Current or Under Negotiation)

NONE (If "none," skip to Item c.)

FIRM	RELATIONSHIP (self, spouse, etc.)	POSITION IN FIRM	DATE EMPLOYMENT OR NEGOTIATIONS BEGAN

c. CONSULTANT/ADVISOR (Current or Under Negotiation)

NONE (If "none," skip to Item d.)

FIRM	TOPIC/ISSUE	AMOUNT RECEIVED	DATE FROM	DATE TO	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

d. CONTRACTS/GRANTS/CRADAS (Current or Under Negotiation)

NONE (If "none," skip to Item e, next page.)

TYPE OF AGREEMENT (contract, grant, CRADA)	PRODUCT UNDER STUDY AND INDICATIONS	AMOUNT OF REMUNERATION TO		TIME PERIOD	SPONSOR *	YOUR ROLE †	AWARDEE	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES
		INSTITUTION	YOU					
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO

* Government; Firm; Institution; Individual

† Site Investigator; Principal Investigator; Co-Investigator; Employee; Partner; No Involvement; or Other

IF MORE SPACE IS NEEDED, COPY AND ATTACH AS ADDITIONAL PAGES

1. CURRENT FINANCIAL INTERESTS (Continued)

e. PATENTS/ROYALTIES/TRADEMARKS

NONE (If "none," skip to Item f.)

FOR	FIRM	RELATED TO LISTED PRODUCTS/INDICATIONS/ISSUES	IF "YES," EXPLAIN BELOW AND INDICATE INCOME RECEIVED
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

f. EXPERT WITNESS (Last 12 months or under negotiation)

I appeared for or against the following listed firm(s) and issue(s).

NONE (If "none," skip to Item g.)

FIRM AND ISSUE	AMOUNT RECEIVED	RELATED TO LISTED PRODUCTS/INDICATIONS/ISSUES	IF "YES," EXPLAIN BELOW
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

g. SPEAKING/WRITING (Last 12 months or under negotiation)

NONE (If "none," skip to Item 2.)

FIRM	TOPIC/ISSUE	AMOUNT RECEIVED		DATES	RELATED TO LISTED PRODUCTS/INDICATIONS/ISSUES
		HONORARIUM	TRAVEL		
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

2. PAST FINANCIAL INTERESTS

a. To your knowledge, do any of the following persons have any past involvement with the meeting/task issues: **You, your spouse, minor child, general partner, organization in which you serve as an officer, director, trustee, general partner, or employee.**

YES NO NOT TO MY KNOWLEDGE

b. If "Yes," describe involvement.

FIRM/PRODUCT	FINANCIAL INVOLVEMENT (e.g., contract/consultant)	ROLE	DATES	RELATED TO LISTED PRODUCTS/INDICATIONS/ISSUES
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

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3. OTHER INVOLVEMENTS (Other Kinds of Relationships) **NONE** (If "none," skip to Item 4.)

Using the list of products/firms/issues in the cover memorandum, identify anything that would give an "appearance" of a conflict, which has not been disclosed above (e.g., involvement in a lawsuit, researcher initiated study, gift of research materials, etc.).

4. CERTIFICATION STATEMENT

The above information is true and complete to the best of my knowledge. I have read and I understand the policies relating to my obligations as a special Government employee. If there are any changes, I will notify you before the meeting/task. My response contains _____ pages.

SIGNATURE

DATE

PLEASE RETURN BY:

To: COMMITTEE MANAGEMENT CONTACT

ADDRESS

TELEPHONE

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FAX

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PRIVACY ACT STATEMENT

Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.), Executive Order 12674, and 5 CFR Part 2634, Subpart I, of the Office of Government Ethics regulations require the reporting of this information. The primary use of the information on this form is for review by Government officials of your agency, to determine compliance with applicable Federal conflict of interest laws and regulations. Additional disclosures on the information on this report may be made:

- (1) to a Federal, State, or local law enforcement agency if the disclosing agency becomes aware of a violation or potential violation of law or regulation;
- (2) to a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a subpoena;
- (3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision;
- (4) to the National Archives and Records Administration or the General Services Administration in records management inspections;
- (5) to the Office of Management and Budget during legislative coordination on private relief legislation; and
- (6) in response to a request for discovery or for the appearance of a witness in a judicial or administrative proceeding, if the information is relevant to the subject matter.

This confidential report will not be disclosed to any requesting person unless authorized by law.

Falsification of information or failure to file or report information required to be reported may subject you to disciplinary action by your employing agency or other appropriate authority. Knowing and willful falsification of information required to be reported may also subject you to criminal prosecution.

FOR FDA USE ONLY

SIGNATURE OF REVIEWING OFFICIAL

DATE

COMMENTS OF REVIEWING OFFICIAL

IF MORE SPACE IS NEEDED, COPY AND ATTACH AS ADDITIONAL PAGES