



**NWM-PL-016-F01-00 NEWORMICS, LLC
SFI DISCLOSURE FORM**

Investigator Name (Last, first, middle):	Work Phone:	Date of Disclosure:	Date FCOI Training Received:
Relevant Project(s) Grant No:			

Newormics Employees continue to Parts 1, 2 and 3 of this form

Only non-Newormics Investigators complete this section	
Employer's Name: _____	
Choose one of the following two options and follow the instructions indicated for that option	
<input type="checkbox"/> I am employed by an institution with a Financial Conflict of Interest Policy that complies with PHS regulations. Choose one of the following two options.	<input type="checkbox"/> I have disclosed my significant financial interests and the work scope for this project to the FCOI Designated Official at my institute and he/she has determined that I do not have a financial conflict with working on this project. STOP AND SUBMIT THIS FORM TO gina.lento@newormics.com
<input type="checkbox"/> I have disclosed my significant financial interests and the work scope for this project to the FCOI Designated Official at my institute and he/she has determined that I may have a financial conflict with working on this project. The FCOI management plan prepared by this Official will be submitted separately.	STOP AND SUBMIT THIS FORM TO gina.lento@newormics.com
<input type="checkbox"/> I am not employed by an institution with a compliant FCOI Policy and therefore agree to comply with Newormics' FCOI Policy, including completing the FCOI training identified by Newormics and disclosing my significant financial interests to Newormics.	CONTINUE TO COMPLETE PARTS 1, 2 AND 3 OF THIS FORM.

PART 1 ASSETS	
For you, your spouse, and your dependent children, identify 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.	
<input type="checkbox"/> I do not have any assets requiring disclosure.	CONTINUE TO PART 2 OF THIS FORM.
<input type="checkbox"/> I disclose the following assets.	After completing this section, CONTINUE TO PART 2 OF THIS FORM.
See next page	



Newormics

Name of asset	Asset belongs to (Employee, Spouse, Dependent Child, or combination)	(X) if no longer held	Asset Type (pension, stock, dividends, interest, real estate, capital gains)	Approximate value of the financial interest		
				\$5,000 - \$19,999 increments of \$5,000 (e.g. \$5,000 to \$10,000)	\$20,000 - \$100,000 Increments of \$20,000	\$100,000 and above by increments of \$50,000

Part 2

SOURCES OF EARNED INCOME AND TRAVEL

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

I do not have any sources of earned income or travel requiring disclosure. CONTINUE TO PART 3 OF THIS FORM.

I disclose the following sources of earned income or travel. After completing this section, CONTINUE TO PART 3 OF THIS FORM.

Name of Earned Income Source(s)	Income Recipient (Employee, Spouse, Dependent Child, or combination)	Income Type (salary, consulting fees, honoraria, etc.)	Approximate value of the financial interest		
			\$5,000 - \$19,999 Increments of \$5,000	\$20,000 - \$100,000 Increments of \$20,000	\$100,000 and above Increments of \$50,000

For travel disclosures, please provide the following additional detail

Travel Sponsor	Destination	Duration	Purpose

Part 3

SIGNATURE AND SUBMISSION

Upon completion of this disclosure form, please sign and email it as an attachment to gina.lento@newormics.com. Submission of this form confirms your belief that all information provided is true, complete, and accurate to the best of your knowledge.

Signature of Investigator:

Signature

Date