

Financial Conflict of Interest Disclosure Form

Persons completing this form are expected to have read and understood the Sutra Medical's Financial Conflict of Interest Policy on Federal Grants and Contracts. If you have any questions regarding that policy, contact the Sutra Medical Administrator prior to signing this document.

1. Do you, your spouse, or dependent children have a "significant financial interest (SFI)" (as defined on the Sutra Medical's Company Policy Financial Conflict of Interest (FCOI) Policy) that would reasonably appear to be affected by your "Research"?

Yes

No

If yes, please describe in the space below the nature and extent of your/their affiliation.

2. Do you, your spouse or dependent children have a "significant financial interest" in any business or legal entity whose financial interests would reasonably appear to be affected by this covered "Research"?

Yes

No

If yes, please describe in the space below the nature and extent of your/their affiliation.

Description of your "significant financial interest", if applicable in Sections 1 and 2 above.

I certify that:

I have read Sutra Medical Policy on Financial Conflict of Interest on Federal Grants and Contracts.

I have made all required financial disclosures.

(If the program leader, principal investigator or project director) I have made every effort to ensure that all Investigators (see policy for definition) responsible for the design, conduct or reporting of the research have submitted required disclosures.

Signature _____ Date: _____

Typed/Printed name: _____

Disclosure Type:

• First time _____

• Annual update _____

• Project specific _____ Project title: _____ Sponsor: _____

Special Notes (if any):