

EXTERNAL INTERESTS TO DISCLOSE QUICK START GUIDE

Reporting of Financial Interests and External Professional Activities

Welcome: **Your name will be here** Reporting Organization: (40410) Cell Biology ← **Your org will be here** [Home](#) [Logout](#)

ACTIONS TO PERFORM

You can select one of the following:

- [Create New Certification](#) ← **To create a new disclosure click here**
- Copy a prior disclosure - If external financial interests have been disclosed previously during the same annual cycle, the prior disclosure can be copied as a template for your update by selecting "copy" from the table below.

Title	Date Certified	Status	Creation Date			
No records to display. ← This person has not disclosed before. If s/he had, the previous disclosures would be listed here						

MOST RECENT UPGRADES TO THIS SYSTEM:

- You can copy("clone") reporting information from previous periods as templates for a current report. Click on "Copy" in the table above to begin that process.
- You now can make interim (non-annual) reports of material changes in your external financial interests. Such reports must be made within 30 days of any such event, per SOM policy.
- The enhanced "overview" page provides a snapshot of your progress.

***** IMPORTANT *****
There have been minor changes in wording throughout the system. However, the information requested is identical to the 2008 reporting period.

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Disclosure

UNIVERSITY OF VIRGINIA ANNUAL REPORTING OF FINANCIAL INTERESTS WITH OUTSIDE ENTITIES

The University of Virginia requires that the individuals listed below disclose all external financial interests that are related to their institutional responsibilities. This process allows the University to meet its legal obligation to review these relationships and, when necessary, to work with the individual to develop a plan to reduce, manage, or eliminate an associated financial conflict of interest.

You must complete and certify your disclosure if you are

- Faculty (Lecturer or above), regardless of your full time equivalent (FTE); or
- Responsible for the planning, conduct, analysis or reporting of research; or
- A School of Medicine core facility director.

If none of these applies, notify your department administrator that you are not required to complete this process.

NEW FOR 2012: WHAT YOU MUST DISCLOSE

Because of changes to Public Health Service and School of Medicine policies, you must disclose the following financial interests that are related to your institutional responsibilities, except as exempted below:

- For a single publicly traded entity, income + ownership interest totaling >\$5,000;
- For a single non-publicly traded entity, any ownership interest;
- For a single non-publicly traded entity, income >\$5,000;
- Any reimbursed or sponsored travel related to institutional responsibilities. *Disclose travel under "Income other than Consulting."*

EXEMPTIONS FROM DISCLOSURE (read carefully, as these have changed):

INCOME FROM CONSULTING (excludes travel)

- Income that is unrelated to your institutional responsibilities;
- Short-term speaking or teaching engagements provided to federal, state, or local government agencies, or an institution of higher education, or an academic medical center/research institute associated with an institution of higher education;
- Income from the review of grant/contract proposals or advisory boards on behalf of federal, state, or local government agencies, or an institution of higher education, or an academic medical center/research institute associated with an institution of higher education;
- For a publicly traded entity, income (in addition to ownership interest) that does not total more than \$5,000;
- For a non-publicly traded entity, income that does not exceed \$5,000;
- Consulting agreements to which the University of Virginia is a party (Option 2 consulting).

INCOME OTHER THAN CONSULTING (includes travel)

- Income that is not related to your institutional responsibilities;
- Salary received from University grants or contracts;
- For a publicly traded entity, income (in addition to ownership interest) that does not total more than \$5,000;
- For a non-publicly traded entity, income that does not exceed \$5,000;
- Income from financial instruments that you do not control (e.g., mutual funds);
- Income from the UVA Licensing and Ventures Group or University Physicians Group (formerly UVA Patent Foundation and Health Services Foundation, respectively);
- Reimbursed or sponsored travel paid by federal, state, or local government agencies, or an institution of higher education or an academic medical center/academic research institute associated with an institution of higher education;
- Travel paid by UVA funds, including sponsored research agreements.

OWNERSHIP INTERESTS

- Ownership interests that are unrelated to your institutional responsibilities.
- For a publicly traded entity, an ownership interest (in addition to income) that does not total more than \$5,000;

BEGIN THE PROCESS HERE:

Check yes below if you, your spouse, and your dependents combined, during the past twelve months held/received any of the following financial interests related to your Institutional responsibilities, as described above: (1) total income + ownership interest in a publicly traded entity exceeding \$5,000, (2) any ownership interest in a non-publicly traded entity, (3) income from a non-publicly traded entity exceeding \$5,000, or (4) reimbursed or sponsored travel.

Yes No

You must check Yes

TO CONTINUE THE PROCESS:

IF YOU ANSWERED NO, click on Submit below and a new page will display. Follow the instructions on that page for completing the certification process (the only remaining step).

IF YOU ANSWERED YES, click on Submit below and a new page will display. Follow the instructions for disclosing financial interests due to CONSULTING, OTHER INCOME, or OWNERSHIP. Complete and submit a separate form for each outside entity and activity related to your disclosure. For example, if you receive consulting fees from two outside entities and serve in a management role for a third, you must complete three forms. Disclose travel as "Income other than Consulting." When you have completed disclosing your external activities, click on the Certify tab and follow the instructions to certify your responses.

RELEVANT UNIVERSITY AND SCHOOL OF MEDICINE POLICIES:

University COI Policy: http://www.virginia.edu/provost/docs_policies/conflict.html

School of Medicine COI Policy: <http://www.medicine.virginia.edu/administration/office-of-the-dean/administration/school-policies/ConflictsOfInterest.pdf>

COI Frequently Asked Questions: http://www.virginia.edu/vprqs/coi/FAQs_to_coi_members.pdf

CONTACT INFORMATION:

If you have questions regarding this process, please contact conflicts@virginia.edu

Submit

Click here to submit

Reporting of Financial Interests and External Professional Activities

Welcome: **Your name will be here** Reporting Organization: (40410) Cell Biology **Your org will be here** Home Logout

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- Overview**
- Income
- Consulting
- Ownership
- Certification

Certification Overview

Status shows "In Progress"

Certification

Title	Date Certified	Status	Creation Date
Certification20120817_15:18:45		In Progress	8/17/2012

Certification Process

Marked Complete - you checked Yes on previous screen

1. Answer the disclosure question - **Complete**
2. Disclose your financial relationships - **See below**
3. **Certify** when done with step 2 - **Incomplete**

You are now at Step 2. Disclose Financial Interest(s) by Adding New Entity under Income, Consulting and/or Ownership below

Income

[Add New Entity](#)

Title	Status
No Income Entities	

Consulting

[Add New Entity](#)

Title	Status
No Consulting Entities	

Ownership

[Add New Entity](#)

Title	Status
No Ownership Entities	

If Income Disclosure

Reporting of Financial Interests and External Professional Activities

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Home Overview **Income** Consulting Ownership Certification

INCOME OTHER THAN CONSULTING

Provide information for each entity in which you, your spouse, or your dependents have a combined financial interest that is related to your institutional responsibilities.
Do not disclose:

- Income that is not related to your institutional responsibilities;
- Salary received from University grants or contracts;
- For a publicly traded entity, income (in addition to ownership interest) that does not total more than \$5,000;
- For a non-publicly traded entity, income that does not exceed \$5,000;
- Income from financial instruments that you do not control (e.g., mutual funds);
- Income from the UVA Licensing and Ventures Group or University Physicians Group (formerly UVA Patent Foundation and Health Services Foundation, respectively);
- Reimbursed or sponsored travel paid by federal, state, or local government agencies, or an institution of higher education or an academic medical center/research institute associated with an institution of higher education;
- Travel paid by UVA funds, including sponsored research agreements.

DISCLOSING TRAVEL
Disclose any travel that was reimbursed or sponsored by an outside entity and is related to your institutional responsibilities, except as described in the last two bullets above. Use a separate form for each sponsor, as follows:

- Enter the name of the entity and total travel days ("number of days"). You can use a single form to disclose all trips that were sponsored by that entity during the past twelve months.
- Under "Basis of Income", check "Travel funds".
- Do not disclose the cost of the travel.
- In the text box, state the Required field of each trip paid by this sponsor (e.g., "multi-center clinical study start-up meeting, Los Angeles, 2 days; meeting with entity, Chicago, 1 day").

Name of Entity: Required fields: Only numerical values are allowed (ex. enter 4 days as 4; enter \$1,000.00 as 1000)

Number of days you worked for/with Entity:

Estimated aggregate family income from entity, including [fair market value](#) of any non-monetary compensation:

BASIS OF INCOME: ← Minimum of 1 box below must be checked

Participation as an employee outside your UVA appointment (or family member's income) including any salary or [remuneration](#) support derived.

[Royalties, licensing fees, trademarks, copyright fees](#) or other [intellectual property](#) other than through the UVA Licensing and Ventures Group.

[Personal Gifts](#)

[Dividends/Capital Gains](#)

Loan(s)

Travel Funds If check "Other" Explanation field below is required

Other: Describe the financial interest below.

QUESTIONS:

To the best of your knowledge, does this entity have any of the following business relationships with the University (questions a-c)?

a. Entity sponsors your own training or research activities. Yes No

b. Entity has a business relationship with the University's Academic Division or Medical Center. Yes No

c. Entity contributes gifts or endowments to the University that are under your control or are of direct benefit to your teaching or research activities. Yes No

Required fields:

a. Entity sponsors your own training or research activities

b. Entity has a business relationship with the University

c. Entity contributes gifts or endowments to the University that are under your control or are of direct benefit to your teaching or research activities

Explanation:

If this income is due to sponsored or reimbursed travel, enter the destination and reason for the travel

Save or Submit

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Certification Overview

Certification

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Certification Process

1. Answer the disclosure question - **Complete**
2. Disclose your financial relationships - **See below**
3. **Certify** when done with step 2 - **Incomplete**

You are now ready to continue adding another Income entity or add Consulting or Ownership disclosures. If finished, go to Step 3.

Income

[Add New Entity](#)

Title	Status	
abd	Complete	Edit Delete

Consulting

[Add New Entity](#)

Title	Status
No Consulting Entities	

Ownership

[Add New Entity](#)

Title	Status
No Ownership Entities	

If Consulting Disclosure

Reporting of Financial Interests and External Professional Activities

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Home Overview Income **Consulting** Ownership Certification

CONSULTING ENGAGEMENTS (does not include travel)

All Fields Are Required

Provide information for each entity in which you, your spouse, or your dependents have a combined financial interest that is related to your institutional responsibilities.
Do not disclose:

- Income that is unrelated to your institutional responsibilities;
- Short-term speaking or teaching engagements provided to federal, state, or local government agencies, or an institution of higher education or an academic medical center/research institute associated with an institution of higher education;
- Income from the review of grant/contract proposals or advisory boards on behalf of federal, state, or local government agencies, or an institution of higher education or an academic medical center/research institute associated with an institution of higher education;
- For a publicly traded entity, income (in addition to ownership interest) that does not total more than \$5,000;
- For a non-publicly traded entity, income that does not exceed \$5,000;
- Consulting agreements to which the University of Virginia is a party.

Name of Entity:

Number of days you consulted for/worked with Entity:

Estimated aggregate annual income/remuneration including fair market value of any non-monetary compensation:

Your position title as a consultant:

Only numerical values are allowed (ex. enter 4 days as 4; enter \$1,000 as 1000)

QUESTIONS: **All questions below must be answered**

- Did you have a managerial or [Principal Investigator](#) role in this activity? (If yes, please provide an explanation below.) Yes No
- Has your participation in this activity been approved by your chair and the Dean's Office? Yes No
- Did this consulting activity involve [intellectual property](#) that is the product of University research ([UVA Patent Policy](#)) or that you have assigned to the University? Yes No
- Did this activity involve research in a field in which you are presently engaged at the University, or research otherwise related to your University duties and responsibilities? Yes No
- Did this consulting engagement involve the use of University resources such as computers, office space, laboratory equipment, patient data, access to Medical Center operating rooms or other clinical areas, or non-incidental use of e-mail/Internet service, telephone, fax, secretarial support, and mail services? Yes No
- To the best of your knowledge, does this entity have any of the following business relationships with the University's Academic Division or Medical Center (questions a-c)?
 - Entity sponsors your own training or research activities. Yes No
 - Entity has a business relationship with the University's Academic Division or Medical Center. Yes No
 - Entity contributes gifts or endowments to the University that are under your control or are of direct benefit to your teaching or research activities. Yes No
- Are any of your trainees or staff involved with these outside consulting activities? (If yes, please provide an explanation below.) Yes No

Description of Consulting Service: Please describe how your external consulting activity relates to your institutional responsibilities.

Save or Submit

If Ownership Disclosure

Reporting of Financial Interests and External Professional Activities

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OWNERSHIP/BUSINESS RELATIONSHIP

All Fields and Questions below are required

Provide information for each entity in which you, your spouse, or your dependents have a combined financial interest that is related to your institutional responsibilities.
Do not disclose

- Ownership interests that are unrelated to your institutional responsibilities
- For a publicly traded entity, an ownership interest (in addition to income) that does not total more than \$5,000.

Note: any ownership interest in a non-publicly traded entity that is related to your institutional responsibilities must be disclosed.

Name of [Entity](#):

Type of organization (e.g. [LLC](#), [Corporation](#), [Partnership](#)):

Estimated value of ownership interest in the Entity: **Only numerical values are allowed (ex. enter 4 days as 4; enter \$1,000 as 1000)**

Number of days you worked for/with Entity: **Only numerical values are allowed (ex. enter 4 days as 4; enter \$1,000 as 1000)**

Is the entity a recipient of an [STTR/SBIR](#) grant involving anyone at the University? Yes No

NATURE OF OWNERSHIP INTEREST:

[Equity interest](#) including, but not limited to: [stocks/stock options](#), and real estate.

Partnership

Other ownership interest (describe below)

QUESTIONS:

1. Do you have an employment relationship with this entity? (If yes, please provide an explanation below.) Yes No

2. Are any of your trainees or staff involved in this outside business activity? (If yes, please provide an explanation below.) Yes No

3. To the best of your knowledge, does this entity have any of the following business relationships with the University's Academic Division or Medical Center (questions a-c)?

a. Entity sponsors your own training or research activities. Yes No

b. Entity has a business relationship with the University's Academic division or Medical Center. Yes No

c. Entity contributes gifts or endowments to the University that are under your control or are of direct benefit to your teaching or research activities.
 Yes No

Explanation:

Save or Submit

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Step 3: Certify

Income

[Add New Entity](#)

Title	Status	
abd	Complete	Edit Delete

Consulting

[Add New Entity](#)

Title	Status	
No Consulting Entities		

Ownership

[Add New Entity](#)

Title	Status	
No Ownership Entities		

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FACULTY CERTIFICATION

My submission of this document certifies:

1. I have provided a complete and accurate representation of the nature and extent of my financial interests in outside entities that are related to my institutional responsibilities.
2. I have read the UVA Policy on Conflict of Interest and the School of Medicine Policy on Conflict of Interest and Conflict of Commitment.
3. I understand that I have an ongoing responsibility to update my disclosure if my outside activities or interests change in the coming year. Updates must be entered in this system within 30 days.

Certify ← Submit Certify

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Certification Completed

Message confirms certification

ACTIONS TO PERFORM

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View or Print Certification if you want a copy

Title	Date Certified	Status	Creation Date			
Certification20120817_15:18:45	8/17/2012 4:17:06 PM	Complete	08/17/2012	View	Print	Copy

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