

**University of Virginia  
School of Medicine**

**Conflict of Interest Agreement**

This form must be completed before deposit of funds from any source, including non-profit foundations whose primary source of revenue is a corporation.

Name of Corporation or Foundation: \_\_\_\_\_

Name of Faculty Member: \_\_\_\_\_

Department: \_\_\_\_\_

I certify to the following statement regarding the funds deposited/requested:

No endorsement of specific product is either stated or implied and no endorsement will be a part of my professional activities as a University of Virginia faculty member.

\_\_\_\_\_  
Signature

**NOTE:** This signed form must accompany all corporate or corporate-sponsored organization checks intended for deposit in any University of Virginia account. This form must also accompany corporate or corporate-sponsored organization checks deposited at the Medical School Foundation or the University of Virginia Alumni Foundation. It is not permissible to deposit grant or gift funds regardless of source, to Health Services Foundation accounts.