

Eidgenössische Technische Hochschule Zürich Swiss Federal Institute of Technology Zurich

Weisungen

betreffend Umgang mit Beiträgen (Grants) von US-amerikanischen Förderinstitutionen an Forschungsprojekte der ETH Zürich Anhang D

Grants attributed by the US Public Health Service, PHS, and other US Funding Agencies (except NSF')

The PHS operating agencies are:

- 1) the National Institutes of Health (NIH)
- 2) the Agency for Healthcare Research and Quality (AHRQ)
- 3) the Agency for Toxic Substances and Disease Registry (ATSDR)
- 4) the Centers for Disease Control and Prevention (CDC)
- 5) the Food and Drug Administration (FDA)
- 6) the Health Resources and Services Administration (HRSA)
- 7) the Indian Health Service (IHS) and
- 8) the Substance Abuse and Mental Health Services Administration (SAMHSA)

SELF DECLARATION FINANCIAL CONFLICT OF INTEREST

(to be completed by the scientists responsible for the grant)

Handling of Financial conflicts of interest in accordance with the regulations of the PHS (42 Code of Federal Regulations [CFR] Part 50, Sub-part F), and articles 6 to 9 of the Regulations on Project from ETH Zurich Receiving Research Funds from US Funding Agencies.

| First Name and Last Name: | | | | | |
|---------------------------|--|--|--|--|--|
| Title: | | | | | |
| ETH Zurich /Institute: | | | | | |
| Address: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Title of Project: | | | | | |
| Role in Study: | | | | | |

¹ see Anhang E



| 1. | . NO SIGNIFICANT FINANCIAL CONFLICT OF INTEREST | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|--|
| | ☐ I confirm that I, as a person involved in the grant and being responsible for the design, conduct o reporting of research results of a grant awarded by the PHS or other US Funding Agencies, have not been affected by a financial conflict of interest related to the project during the past 12 months. (Please tick the box if statement is correct and directly go to 3. Confirmation) | | | | |
| | | ONFLICT OF INTEREST af at my institution | ffecting PHS and other US Funding Agencies Grants / | | |
| а. | Salary / Honoraria / Fees for services / Other payments: During the past 12 months, I and/or my spouse and/or dependent children have received such values from entity²which, when aggregate exceed US\$ 5'000: | | | | |
| | NO 🗆 | | | | |
| | YES 🗆 | Entity Name(s): | | | |
| | Conflict elin | ninated: NO 🗆 | YES, my report is attached \square | | |
| b. | and/or my s | Stocks / Shares / Stock options / Equity interests and similar values: During the past 12 months, I and/or my spouse and/or dependent children have held such values which, when aggregated, exceed JS\$ 5'000 or represent more than a 5% ownership interest in any single company: | | | |
| | NO 🗆 | | | | |
| | YES 🗆 | Company Name: | | | |
| | Current \$ Value of Equity:Payments – Actual amount received: | | | | |
| | Conflict alin | ninated: NO \Box | | | |
| | | | , , , , | | |
| C. | | | m such rights: During the past 12 months, I and/or my spouse ceived such values which, when aggregated, exceed US\$ 5'000: | | |
| | NO 🗆 | | | | |
| | YES 🗆 | Brief description of IP: | | | |
| | Conflict elin | ninated: NO 🗆 | YES, my report is attached \square | | |
| d. | Travel reimbursements from firms and sponsored travel: During the past 12 months, I and/or my spouse and/or dependent children have received such values: | | | | |
| | NO \square | | | | |
| | YES 🗆 | Travel Sponsor: | | | |
| | | | | | |
| | | Travel destination and | duration: | | |

² Any non-ETH Zurich, domestic or foreign, public or private, organization (excluding a U.S. Federal agency) from which you (and - your spouse or dependent children) receive remuneration or have - an ownership or equity interest.



3. CONFIRMATION

I confirm that I have taken note of the attached extract from the Regulations and that my answers to the questions above are correct.

I authorize EU GrantsAccess to disclose this form, if necessary, to other official bodies of ETH Zürich, to the mainawardee , to PHS or the relevant US Funding Agencies.

| Place, Date: | Signature: |
|---------------------------------------------------|------------|
| Please send a scan by email to: grants@sl.ethz.ch | |

Attached:

Extract from the Regulations on Project from ETH Zürich Receiving Grants from US Funding Agencies(Articles 6-9)