



Disclosure Form: Self-Declaration of Financial Interests affecting NIH Grants

Please fill in this form to fulfill the disclosure requirements mandated by the NIH regulations on promoting objectivity in research. The disclosure form is in accordance with "Reglement betreffend finanzieller Interessenskonflikte bei Forschungsbeiträgen der US-amerikanischen National Institutes of Health an der Universität Zürich, Reglement NIH" (English translation see on the reverse).

Name of the Investigator:
University and Institute:
Address:
Project Title
Mainaward No.

A. No significant financial interests affecting grants awarded by NIH

I confirm that I, as an investigator / collaborator / subgrantee being responsible for the design, conduct or reporting of research results of a grant awarded by NIH, have not been affected by a financial conflict of interest during the past 12 months.

B. Financial interests affecting grants awarded by NIH

I have been affected by a financial interest during the past 12 months.

(Please tick as appropriate and specify on a separate sheet)

- yes no
Stocks / Shares / Stock options / Equity interests and similar values:
Ownership interests:
Salary / Honoraria / Fees for services / Other payments:
Patents / Copyrights / Royalties from such rights:
Travel reimbursements from firms and sponsored travels:

Confirmation

I confirm that I have read and understand the "Reglement NIH" and that I comply with it. I have completed this disclosure to the best of my knowledge and belief. I agree that the involved parties according to the "Reglement NIH" (EU GrantsAccess, Executive Board of the University, Mainaward-University, NIH Chief Grants Management Officer) may take insight in this disclosure form.

Place, Date

Investigator's Signature: