



# Abraham Baldwin Agricultural College

## ABAC Institutional Review Board Conflict of Interest Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_ Department/School: \_\_\_\_\_

- I have completed the required Conflict of Interest training module, (available at [www.citiprogram.org](http://www.citiprogram.org)) within the past four years (attach completion certificate)
- I have read and understand Abraham Baldwin Agricultural College’s procedures for disclosure of Conflicts of Interest.

I am completing this Disclosure Statement (check one):

- For the first time as an investigator on a proposal, a new award, or an ongoing sponsored program;
- For the most recent calendar year of \_\_\_\_\_;
- To report a new, significant financial interest not reported in my most recent disclosure statement;
- To report a change in a previously reported significant financial interest (including elimination of the interest).

My significant financial interests include (indicate yes or no):

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Compensation (including reimbursed or sponsored travel expenses): Have you or a member of your immediate family received compensation from a for profit entity for activities such as consulting, expert witness, advisory board membership, and the like? If greater than \$5,000, indicate “YES” and provide further information on next page.
<input type="checkbox"/>	<input type="checkbox"/>	Equity: Do you or a member of your immediate family own stock or hold stock options with a publicly traded or privately owned entity? If greater than \$5,000, indicate “YES” and provide further information on next page.
<input type="checkbox"/>	<input type="checkbox"/>	Intellectual Property: Do you or a member of your immediate family have rights to and/or receive royalties from intellectual properties (including patents, copyrights, and trademarks, but excluding academic and scholarly works) licensed to and/or owned by a for profit entity? This does not include intellectual property owned or managed by Abraham Baldwin Agricultural College. If YES, please furnish information about such intellectual property on the next page.
<input type="checkbox"/>	<input type="checkbox"/>	Role: Do you or a member of your immediate family serve as director, trustee, officer, or other key employee in a for profit corporation, partnership, business, or other entity outside of Abraham Baldwin Agricultural College. If YES, please provide details on the next page.
<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL PAGES ATTACHED

Certification: I have completed this disclosure to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by ABAC to manage any real or perceived financial conflicts of interest. Should my outside financial or managerial interests, or those of my immediate family, change such that what I have reported here no longer holds true, I agree to submit an update to this disclosure within thirty (30) days of the change.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date



# Abraham Baldwin Agricultural College

*This page is required only if a Financial Interest Activity is reported on page 1*

Additional information regarding the  
Significant Financial Interest of (NAME): \_\_\_\_\_

Reporting for:  Self  
 Immediate Family Member (Investigator's spouse, domestic or civil union partner, or dependent child - complete a separate sheet for each family member)  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name of external entity: \_\_\_\_\_

Address of external entity: \_\_\_\_\_  
\_\_\_\_\_

Type of external relationship(s) - check all that apply; use additional pages if necessary:

<input type="checkbox"/> Consultant (including travel): If total compensation within the previous 12 months exceeds \$5,000
<input type="checkbox"/> Speaker (including travel): If total compensation within the previous 12 months exceeds \$5,000
<input type="checkbox"/> Advisory Board/committee member (including travel): If total compensation within the previous 12 months exceeds \$5,000
<input type="checkbox"/> Equity Holdings: If, when aggregated over the previous 12 months, the value exceeds \$5,000
<input type="checkbox"/> Royalty income: If received from an entity other than ABAC that exceeds \$5,000 over the previous 12 months
<input type="checkbox"/> Intellectual property rights
<input type="checkbox"/> Governing board member or officer
<input type="checkbox"/> Other: Please describe:  
\$_____ Total amount of compensation or value of financial interest reported above

If travel was paid by the external entity:

Destination:	Destination:	Destination:
Amount: \$	Amount: \$	Amount: \$
Length of trip (days):	Length of trip (days):	Length of trip (days):
Purpose of trip:	Purpose of trip:	Purpose of trip: