

**Financial Conflict of Interest Disclosure Form**

Persons completing this form are expected to have read and understood the Quicksilver Biosciences Financial Conflict of Interest (FCOI) Policy on Federal Grants and Contracts. If you have any questions regarding that policy contact the Quicksilver Biosciences Chief Scientist prior to signing this document.

Do you, your spouse, dependent children have a significant financial interest as defined in Quicksilver Biosciences FCOI policy that would reasonably appear to be affected by your above-described "research"?

YES NO

If yes, please describe the nature of your/their affiliation

2. Do you, your spouse dependent children have a significant financial interest in any business tor legal entity whose financial interests would reasonably appear to be affected by this covered "research"?

Yes No

I certify that:

I have read the Quicksilver Biosciences Policy on Financial Conflict of Interest on Federal Grants and Contracts.

I have made all required financial disclosures.

(If the program leader, PI or project director) I have made every effort to ensure that all investigators (see policy for definition) responsible for the design conduct or reporting of the research have submitted required disclosures.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Typed or printed name

Disclosure type \_\_\_\_\_

Project Title \_\_\_\_\_

Project Sponsor \_\_\_\_\_

Grant number if applicable. \_\_\_\_\_

Special Notes \_\_\_\_\_

Initial \_\_\_\_\_

Annual Project \_\_\_\_\_