



FCOI DISCLOSURE FORM FOR NIH SPONSORED RESEARCH SCARLESS LABORATORIES POLICIES AND PROCEDURES: 00-001

Investigator: _____

Type of disclosure: _____ Initial/Annual report _____ Change in SFI

FCOI Training: _____ Completed/Current. _____ Pending

(Training required upon award from PHS or other applicable sponsor, and renewed at every 4 yrs.)

Significant Financial Interest (SFI): (non-publicly traded entity) anything of monetary value received or held by an investigator or family member (spouse, domestic partner, parents, siblings or children), whether or not the value is readily ascertainable, that reasonably appears to be related to the investigator's Scarless Laboratories responsibilities under the award from PHS or other applicable sponsor. SFI includes: **(check all that apply)**

1. _____ Payments for services, (e.g., consulting fees, honoraria, or paid authorships for other than scholarly works) when the aggregated value received from Scarless Laboratories, a non-publicly traded entity, during the 12-month period preceding the disclosure exceeds \$5,000; or
2. _____ Equity interests (e.g., stocks, stock options, or other ownership interests) in Scarless Laboratories, a non-publicly traded company of any value during the 12-month period preceding or as of the date of disclosure; or
3. _____ Income related to intellectual property rights and interests (e.g., patents, trademarks, service marks, and copyrights) not reimbursed through Scarless Laboratories; and
4. _____ Reimbursed or sponsored travel that is related to Scarless Laboratories responsibilities under the Grant. This includes travel that is paid on behalf of the investigator rather than reimbursed, even if the exact monetary value is not readily available. It excludes travel reimbursed or sponsored by U.S. Federal, state or local governmental agencies, U.S. institutions of higher education, research institutes affiliated with institutions of higher education, academic teaching hospitals, and medical centers.

SFI does NOT include: 1) Salary, royalties, or other remuneration from Scarless Laboratories for employees; 2) income from the authorship of academic or scholarly works; 3) income from seminars, lectures, or teaching engagements sponsored by or from advisory committees or review panels for U.S. Federal, state or local governmental agencies, U.S. institutions of higher education, U.S. research institutes affiliated with institutions of higher education, academic teaching hospitals, or medical centers; or 4) equity interests or income from investment vehicles, such as mutual funds and retirement accounts, so long as the investigator does not directly control the investment decisions made in these vehicles

Investigator certification: (*mark one as applicable*)

1. _____ I certify **no SFI** related to my Scarless Laboratories responsibilities; or
2. _____ I **disclose SFI** (*as indicated above*) which may be related to my Scarless Laboratories responsibilities. These interest(s) are described below or provided as an attachment.

Description of financial interest that you or your family has in the entity, as well as any other relevant details:

By signing below, I certify that I have read and understand, that if awarded, disclosure is required annually and upon any changes throughout the duration of the application sponsored research.

Investigator Signature _____ **Date** _____

REVIEW
SECTION

This section is to be completed by the Scarless Laboratories Inc. Chief Executive Officer or designee

Financial Conflict of Interest (FCOI): a Significant Financial Interest (SFI) that the Scarless Chief Executive Officer determines could directly and significantly affect the design, conduct or reporting of NIH Funded Scarless research.

Reviewed by Scarless Laboratories Chief Executive Officer or designee

1. _____ No SFI. I have reviewed this disclosure form and agree and acknowledge that the investigator has no significant financial interests related to their Scarless Laboratories responsibilities.
2. _____ Review Pending. I acknowledge receipt of this disclosure form, and will review upon notice of funding award, or if required under Scarless Laboratories Policy 00- 001 Financial Conflict of Interest
3. _____ Review of SFI disclosure. I have reviewed the significant financial interest(s) described here, and in consultation with the investigator have determined:
 - a. _____ No potential FCOI exists.
 - b. _____ Actual or apparent FCOI exists that may directly and significantly affect the design, conduct or reporting of Scarless Laboratories NIH Funded Research. Referred to Chief Executive Officer for final review and management.

Additional Comments:

Chief Executive Officer or designee

Signature

Date

