

**SOUTH AFRICAN NATIONAL BLOOD SERVICE
SIGNIFICANT FINANCIAL INTEREST DISCLOSURE FORM**



Registration No. 2000/026390/08

Public Health Service Funded Grant/s: Significant Financial Interest Disclosure Form

Disclosing Investigator's Name:

Principal Investigator's Name (if different from investigator):

Grant Application or Funded NIH Grant Number:

Project Title:

Project Start Date:

Project End Date:

Name of Funder:

The following disclosure is made according to the requirements of the South African National Blood Service (SANBS) Financial Conflict of Interest (FCOI) in Public Health Service (PHS) Funded Research Policy. Investigators, as defined in the policy, must disclose any foreign and/or domestic Significant Financial Interest (SFI) and any foreign and/or domestic reimbursed or sponsored travel related to their institutional responsibilities. This form must be updated annually and within 30 days of discovering or acquiring a new SFI.

Please forward this completed and signed form to the SANBS's Official designee, the Company Secretary's Office.

CERTIFICATION:

By submitting this form, I am certifying that I have read and understood SANBS's FCOI in PHS Funded Research Policy, and **I attest there is an SFI**, which is disclosed on this form below. I also certify that the information provided in this form is true and correct to the best of my knowledge and belief. I understand that I am required to complete training on this policy every four years and that I must, at a minimum, update this form annually throughout the duration of applicable awards. If required, I will comply with conditions or restrictions imposed by SANBS to manage conflicts. As an Investigator, should the scenario regarding my SFIs and/or reimbursed or sponsored travel related to my Institutional Responsibilities change, I agree to submit a revised disclosure form within 30 days of discovering or acquiring a new SFI.

By submitting this form, I am certifying that I have read and understood SANBS's FCOI in PHS Funded Research Policy, and **I attest I (my spouse and dependent children) have no SFI to disclose**. I also certify that the information provided in this form is true and correct to the best of my knowledge and belief. I understand that I am required to complete training on this policy every four years and that I must, at a minimum, update this form annually throughout the duration of applicable awards. If required, I will comply with conditions or restrictions imposed by SANBS to manage conflicts. As an Investigator, should the scenario regarding my SFIs and/or reimbursed or sponsored travel related to my Institutional Responsibilities change, I agree to submit a revised disclosure form within 30 days of discovering or acquiring a new SFI.

Investigator's Printed Name:

Investigator's Signature: _____
(Electronic signature or typed name acceptable)

Date:

Please note: a separate form is required for each entity in which an SFI or sponsored/reimbursed travel is identified.

Investigator Name:

Department:

Name of Federal funder:

Project title:

Have you received any remuneration (e.g., salary, consulting fees, honoraria, or paid authorship) over the past 12 months, or held any equity interest in a publicly traded entity, that when combined exceeds \$5,000 as of the date of this disclosure?

Yes

No

SFIs Related to a Publicly Traded Entity:

Over the past 12 months, have you (or your spouse and dependent children) received any remuneration or have any equity interest with a publicly traded entity that when aggregated is valued at more than \$5,000 and that might reasonably appear to be related to your Institutional Responsibilities? (You do not need to include income from investment interests, such as mutual funds and retirement accounts, as long as you do not directly control the investment decisions made in these interests.)

Yes

No

As part of the disclosure, could you provide the following information?

- The value of the SFI: \$
- The entity name as it appears on the entity's public website:
- The nature of the SFI (e.g., salary, consulting fees, honorarium, payment for services, equity interest):

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In your opinion could the SFI be affected by the PHS funded research?

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In your opinion is the SFI in an entity whose financial interest could be affected by the PHS funded research?

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SFIs Related to a Non-Publicly Traded Entity:

Over the past 12 months, have you (or your spouse and dependent children) received any remuneration or have any equity interest with a non-publicly traded entity that when aggregated is valued at more than \$5,000 and that might reasonably appear to be related to your Institutional Responsibilities? (You do not need to

include income from investment interests, such as mutual funds and retirement accounts, as long as you do not directly control the investment decisions made in these interests.)

Yes

No

As part of the disclosure, could you provide the following information?

- The value of the SFI: \$
- The entity name as it appears on the entity's public website:
- The nature of the SFI (e.g., salary, consulting fees, honorarium, payment for services, equity interest):
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In your opinion could the SFI be affected by the PHS funded research?

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In your opinion is the SFI in an entity whose financial interest could be affected by the PHS funded research?

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SFI Related to Intellectual Property Rights and Intellectual Property

Over the past 12 months, have you (or your spouse and dependent children) received any income greater than \$5,000 from intellectual property rights and interests (e.g., patents, copyrights) that is related to such rights and interests and is related to your responsibilities performed on behalf of SANBS?

N.B: Disclosure does not include intellectual property rights assigned to SANBS and agreements to share in royalties related to such rights as noted above.

Yes

No

As part of the disclosure, could you provide the following information?

- The value of the SFI: \$
- The entity name as it appears on the entity's public website:
- The nature of the SFI (e.g., royalties, licensing fees)?
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In your opinion could the SFI be affected by the PHS-funded research?

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In your opinion is the SFI in an entity whose financial interest could be affected by the PHS funded research?

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SFI Related to reimbursed for sponsored travel:

Disclose any reimbursed for sponsored travel received from an entity that exceeds \$5,000 over the preceding 12 months that is related to your responsibilities performed on behalf of the SANBS and is not received from a federal, state, or local government agency located in the United States or a United States Institution of Higher Education, an academic teaching hospital, a medical center, or a research institute that is affiliated with a U.S. Institution of higher education.

As part of the disclosure, could you provide the following information for each entity in which reimbursed or sponsored travel is identified?

- The value of the reimbursed or sponsored travel: \$
- The purpose of the trip:
- The identity of the sponsor/organizer:
- The destination:
- The duration:

In your opinion could the SFI be affected by the PHS funded research?

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In your opinion is the SFI in an entity whose financial interest could be affected by the PHS funded research?

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Revision Summary

VERSION NUMBER	REVISION DETAILS
0	New Document

