

Disclosure Form:

Self-Declaration of Financial Interests affecting NSF-Grant No.

The Disclosure Form is in accordance with the „Richtlinie der Medizinischen Fakultät der Westfälischen Wilhelms-Universität Münster (MFM) zu finanziellen Interessenkonflikten bei Zuwendungen der US-amerikanischen Public Health Service (PHS) Agencies und der US-National Science Foundation (NSF)“.

Name of the Investigator:

Research Institute:

Project Title:

Main Award No.:

A. No significant financial interests affecting grants awarded by PHS or NSF

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

B. Financial interests affecting grants awarded by PHS or NSF

☐ 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: During the past 12 months, I, my spouse, or my dependant children have held such values which, when aggregated, exceed \$ 10.000.
		Ownership interests: During the past 12 months, I, my spouse, or my dependant children have held such interests which, when aggregated, represent more than a 10 % ownership interest in any single entity
		Salary / Honoraria / Fees for services / Other payments: During the past 12 months, I, my spouse, or my dependant children have received above mentioned values which, when aggregated, exceed \$ 10.000.
		Patents / Copyrights / Royalties from such rights: During the past 12 months, I, my spouse, or my dependant children have received above mentioned values which, when aggregated, exceed \$ 10.000.
		Travel reimbursements from firms and sponsored travels: During the past 12 months, I, my spouse, or my dependant children have received above mentioned values.

Confirmation

I confirm that I have read and understand the „Richtlinie der Medizinischen Fakultät der Westfälischen Wilhelms-Universität Münster (MFM) zu finanziellen Interessenkonflikten bei Zuwendungen der US-amerikanischen Public Health Service (PHS) Agencies und der US-National Science Foundation (NSF)“ and that I comply with it. I have completed this disclosure form to the best of my knowledge and belief. I agree that the involved parties according to the „Richtlinie“ may take insight in this disclosure form.

Place, Date

Investigator's Signature: