

**UNIVERSITY OF NEVADA, RENO
ANNUAL SUMMARY OF OUTSIDE ACTIVITIES AND INTERESTS**

Reporting Period: _____

Introduction: Under the Nevada Ethics Act and University Policy, Each University employee must report outside activities at least annually. Disclosure of information relating to immediate family members and other relatives is necessary to enable the University to determine whether individual financial interests exist that create conflicts of interest that could compromise (or appear to compromise) the integrity of the University's activities. **Only those outside activities and/or interests that reasonably relate to University activities need be reported.** For example, corporation ownership in or consulting agreements with companies that have similar interests in the area of science or service for which the University hired the employee would normally be considered reasonably related to University activities. Not all outside activities or interests require review or resolution. For example, an individual who works evenings at a casino while also being engaged as a professor to teach physics courses would not result in an item requiring disclosure. However, if there is a nexus between the employee's job for the University and external activities, full disclosure of all actual or potentially related activities or interests is important. For additional information, the University's Conflict of Interest Policy, Policy and Guidelines for Involvement with Outside Interests, and Institutional Conflict of Interest Policy are available online at www.unr.edu/ospa

Instructions: Please answer all questions completely. In responding to these questions, you are not required to disclose information that is confidential, privileged, or proprietary. Nor are you required to familiarize yourself with all of the research activities at the University. **You are required to disclose only information of which you are already aware.** If you respond in the affirmative to any of the questions in Part I, you must fully answer the corresponding questions in Part II. If more space is needed to fully respond, please attach separate sheets to this form. Submit your completed form to the Department, School, or Department Supervisor for the office in which you have a primary appointment or with which you are affiliated at the time of your annual employment evaluation. If you have an appointment in more than one scientific Department, copies of this form must be filed with the supervisor for each Department in which you have an appointment.

Printed Name: _____

Title: _____

"A" or "B" Contract? _____

Department/Unit _____

Date: _____

PART I

IF YOU ANSWER “NO” TO ALL OF THE QUESTIONS IN THIS PART I, YOU DO NOT NEED TO COMPLETE PART II. YOU MAY SIGN WHERE INDICATED BELOW. IF YOU ANSWER “YES” TO ANY OF THE QUESTIONS IN PART I, YOU MUST COMPLETE THE APPROPRIATE SECTION(S) IN PART II AND SIGN WHERE INDICATED ON PART II.

1. **Leadership Positions.** During the reporting period, have you, your spouse, or dependent child(ren) or other relative been a director, trustee or officer of a **for-profit or a non-profit** entity whose activities could reasonably affect or be affected by your research or other activities at the University? Please note that membership on a scientific advisory board should be reported under section 4 below and not in this section.

YES _____ NO _____

2. **Ownership Interests.** During the reporting period, did you, or your relatives hold any ownership interests (including stocks, stock options, partnership interests, profit-sharing interest) in any **for-profit** entity whose activities could reasonably affect or be affected by your research or other activities at the University? For purposes of this question, you may exclude any interests in publicly-traded, diversified mutual funds.

YES _____ NO _____

3. **Intellectual Property Rights.** During the reporting period, did you, or your relatives assign any intellectual property rights to an outside entity in the same or similar area of work for which you were hired at UNR or did your or your relatives receive or have the right to receive royalty payments or other income relating to any intellectual property (e.g. technology, patent, software or creative work whether or not patentable or copyrightable) that has been licensed, assigned or is otherwise the subject of an agreement with an outside entity? Answer “No” if the intellectual property is NOT the subject of a license or other agreement with an outside company or if the intellectual property involves the assignment of copyright for published scholarly work.

YES _____ NO _____

4. **Consulting and Other Income.** During the reporting period, did you or your relatives receive payments (including salary, gifts, consulting fees, expense reimbursement, honoraria, speaking or lecture fees, scientific advisory or review board fees, in-kind compensation) from any **for-profit** entity whose activities could reasonably affect or be affected by your research or other activities at the University (for example, biotechnology, pharmaceutical or other entities whose business activities are related to University research programs) in the last calendar year?

YES _____ NO _____

5. **Conflict of Commitment.** Have your outside professional, scholarly and research activities (for both non-profit and for-profit entities) exceeded one day per week on average during the reporting period? (Please answer NO if you have a 9 month contract and these external activities occur during the summer and do not have any relationship to UNR employment).

YES _____ NO _____

6. **Conflict with Student Rights.** Do you have any external financial or ownership interests that may impact a student's ability to publish results of their research or that may otherwise appear to impact decision making regarding a student's grades, evaluations, status or ability to graduate?

YES _____ NO _____

7. **Other Financial Interests.** Do you have any financial interests or commitments in addition to those disclosed above that might affect your judgment while performing your duties for the University or that might reasonably create a conflict or the appearance of a conflict with the interests of the University or that significantly utilizes University property or other resources?

YES _____ NO _____

I have reviewed the University's Conflict of Interest Policy. My responses to the questions listed above are correct and complete to the best of my knowledge.

Date

Signature

FULLY RESPOND TO ALL QUESTIONS BELOW THAT CORRESPOND TO THE QUESTIONS TO WHICH YOU ANSWERED "YES" ABOVE AND SIGN PART II.

PART II DETAILED STATEMENT OF OUTSIDE ACTIVITIES

You must complete Part II if you answered “yes” to any question in Part I. The numbered questions in Part II correspond to the numbers of the questions in Part I. Please complete this form, sign where indicated below and submit it to the Department Director of the scientific Department in which you are employed or through which your appointment or affiliation with the University has been established. If you have an appointment in more than one scientific Department, copies of this form must be filed with the Department Director for each Department in which you have an appointment. **Please print legibly or type your responses and attach additional pages if necessary.**

LEADERSHIP POSITIONS HELD

1.a. Please list and provide the information requested below for all for-profit or non-profit entities or organizations of which you, your spouse, or dependent child(ren) are a director, trustee or officer whose activities could reasonably affect or be affected by your research or other activities at the Center. Report the time commitment only for those interests held by you. Please use complete company names and not abbreviations. Please note that membership on a scientific advisory board should be reported under section 4 below and not in this section.

<u>Entity</u>	<u>Nature of Entity’s Business</u>	<u>Position Held and by Whom</u>	<u>Number of Days per Year</u>
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1.b. Please describe any contracts or other business relationships or affiliations of which you are aware that the entities listed in response to Question 1.a. have or will have with the University in which you or those under your direct control or supervision will be involved. In responding to this question, you are not required to disclose information that may be confidential, privileged or proprietary. Nor are you required to familiarize yourself with all of the research activities at the University. Disclose only information of which you are already aware.

1.c. Are any University research activities described in response to Question 1.b. human subjects research in which you are participating? You should answer this question in the affirmative if you or any other individual under your direct control or supervision do any of the following with respect to a specific related IRB approved research protocol: 1) act as principal investigator for such protocol; 2) consent

human subjects to such protocol; 3) recruit human subjects to such protocol; or 4) evaluate the response of human subjects enrolled in such protocol. If so, please describe below and be as specific as possible.

OWNERSHIP INTERESTS

2.a. Please list and provide the information requested below for all for-profit entities in which you, your spouse, or dependent child(ren) have stock, stock options, partnership interests or other ownership interests (excluding any interests in publicly traded, diversified mutual funds) which could reasonably affect or be affected by your research or other activities at the University. In answering this question, you should include all ownership interests in biotechnology or pharmaceutical companies or related entities that engage in business activities in your field of research or specialization. Please be as complete as possible. Please use complete company names and not abbreviations. If you don't know the market value of the interest, be sure to disclose the number of shares and percent of company.

Name of Company	Type of Interest (Stock, etc.)	Name & relationship of Interest Holder	% of Company	# of Shares & Fair Market Value
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2.b. Do any of the entities listed in response to Question 2.a (or, to your knowledge, any parent, affiliate or subsidiary of such entities) sponsor research at the University in which you are involved? If so, please describe below and be as specific as possible.

2.c. Do any of the entities listed in response to Question 2.a (or, to your knowledge any parent, affiliate or subsidiary of such entities) have an interest in a product or service which is being evaluated or tested in research in which you are involved? If so, please describe below and be as specific as possible.

- 2.d. Could any of the entities listed in response to Question 2.a (or, to your knowledge, any parent, affiliate or subsidiary or such entities) directly and significantly affect or be affected by research at the University in which you are involved? For example, is the ownership interest in an entity in close competition with the sponsor of research in which you are involved? If so, please describe below and be as specific as possible. You need not repeat relationships described in your responses to Questions 2.b and 2.c.**
- 2.e. Are any of the research activities described in response to Questions 2.b., 2.c. and 2.d. human subjects research in which you are participating? You should answer this question in the affirmative if you or any other individual under your direct control or supervision do any of the following with respect to a specific IRB approved research protocol: 1) act as principal investigator for such protocol; 2) consent human subjects to such protocol; 3) recruit human subjects to such protocol; or 4) evaluate the response of human subjects enrolled in such protocol. If so, please describe below and be as specific as possible.**

INTELLECTUAL PROPERTY RIGHTS

- 3.a. List below and provide the information described for all intellectual property (e.g. technologies, patents, software or creative works whether or not patentable or copyrightable) that have been licensed, assigned or are otherwise the subject of an agreement through which you, your spouse, or dependent child(ren) receive or will receive royalty payments or other income. In responding to this question, you are not required to disclose information that may be confidential, privileged or proprietary. Please use complete company names and not abbreviations. Do not report intellectual property that is NOT the subject of a license or other agreement with an outside company.**

Type of Intellectual Property (e.g. technology, patent, software)	Company to which intellectual property has been licensed or assigned

- 3.b. Are any of the intellectual properties listed in your response to Question 3.a used in, the subject of, or otherwise related to your research or other activities at the University? If so, please describe below and be as specific as possible.**
- 3.c. Do any of the companies listed in your response to Question 3.a either (i) sponsor research at the University in which you are involved, (ii) have an interest in a product or service which is being evaluated or tested in research at the University in which you are involved, or (iii) engage in activities which could reasonably affect or be affected by research or other activities in which you are involved at the University? If so, please describe below and be as specific as possible.**
- 3.d. Are any of the research activities described in response to Questions 3.b. or 3.c. human subjects research in which you are participating? You should answer this question in the affirmative if you or any other individual under your direct control or supervision do any of the following with respect to a specific IRB approved research protocol: 1) act as principal investigator for such protocol; 2) consent human subjects to such protocol; 3) recruit human subjects to such protocol; or 4) evaluate the response of human subjects enrolled in such protocol. If so, please describe below and be as specific as possible.**

CONSULTING AND OTHER INCOME

- 4.a. Please list and provide the information requested below for all for-profit entities from which you (your spouse or dependent child(ren)) received payments in the last calendar year (or expect to receive payments in the next twelve (12) months) in the form of salary, consulting fees, expense reimbursement, gifts, honoraria, speaking or lecture fees, scientific advisory or review board fees, in-kind compensation or any other form of remuneration and which could reasonably affect or be affected by your research or other activities at the University. If you do not receive expense reimbursements directly from the for-profit entity, please indicate whether travel and travel-related costs were paid directly by the for-profit entity and whether the travel was domestic or international. In answering this question, you should include any entity which either (i) sponsors research in which you are involved, (ii) has an interest in a product or service which is being evaluated or tested in research in which you are involved, or (iii) could otherwise reasonably affect or be affected by research or other activities in which you are involved. If you**

receive multiple types of payments (e.g. consulting, honoraria, speaking fees) from the same entity, please itemize by type of payment. Please use complete company names and not abbreviations. Complete the time commitment only for those interests held by you.

Entity	Nature of Activity	Payment Recipient	Payment Amount¹	Expenses Paid or Reimbursed?(Y/N)	#Days/Year
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4.b. Do any of the entities listed in response to Question 4.a (or, to your knowledge, any parent, affiliate or subsidiary of such entities) sponsor research at the University in which you are involved? If so, please describe below and be as specific as possible.

4.c. Do any of the entities listed in response to Question 4.a (or, to your knowledge, any parent, affiliate or subsidiary of such entities) have an interest in a product or service which is being evaluated or tested in research in which you are involved? If so, please describe below and be as specific as possible.

4.d. Could any of the entities listed in response to Question 4.a (or, to your knowledge, any parent, affiliate or subsidiary of such entities) directly and significantly affect or be affected by research at the University in which you are involved? For example, is the entity in close competition with the sponsor of research in which you are involved? If so, please describe below and be as specific as possible. You need not repeat relationships described in responses to Questions 4.b and 4.c.

4.e. Are any of the research activities described in response to Questions 4.b., 4.c. or 4.d. human subjects research in which you are participating? You should answer this question in the affirmative if you or any other individual under your direct control

¹ Do NOT include expense reimbursement in this figure

or supervision do any of the following with respect to a specific IRB approved research protocol: 1) act as principal investigator for such protocol; 2) consent human subjects to such protocol; 3) recruit human subjects to such protocol; or 4) evaluate the response of human subjects enrolled in such protocol. If so, please describe below and be as specific as possible.

OTHER OUTSIDE ACTIVITIES

5. Please explain the extent to which your outside professional scholarly and research activities for both non-profit and for-profit entities have exceeded one-half day per week on average.

NOTE: Please attach the letter from your dean or appropriate administrator approving this level of consulting activity if you are on a "B" contract OR for ANY Level of consulting activity if you are an "A" contract employee.

CONFLICT WITH STUDENT RIGHTS

6. Please explain any external financial or ownership interests that may impact a student's ability to publish results of their research or that may otherwise appear to impact decision making regarding a student's grades, evaluations, status or ability to graduate.

OTHER POSSIBLE CONFLICTS OF INTEREST

7. Please describe below any other financial interests in addition to those disclosed above that might affect your judgment while performing your duties for the University or that might reasonably create a conflict or the appearance of a conflict with the interests of the University.

I have reviewed the University's Conflict of Interest Policy and the University's Policy and Guidelines for Involvement with Outside Interests. My responses to the questions listed above are correct and complete to the best of my knowledge.

_____ **Date**

_____ **Signature**

Printed Name: _____ **Department/Unit** _____