

MARINE BIOLOGICAL LABORATORY  
CONFLICT OF INTEREST DISCLOSURE

*Privileged Statement of Organizational Affiliations and Significant Financial Interests*  
(This disclosure must be submitted as indicated in Table 1 and at any time when the disclosure needs to be updated)

For persons supported by Federally-sponsored activities, the form will be kept on file until three years after the Federal award expires. If deemed necessary, the Director of Research Administration and Sponsored Programs or the Director of Human Resources of the MBL may request additional information.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**I. Current Organizational Affiliations:** Including remunerated and voluntary activities with government agencies, industry and business, academic institutions, foundations, as a consultant, officer, owner, trustee, manager, or teacher/professor. E.g. advisory board appointments, external teaching appointments, or adjunct status at another institution. Please explain aspects of these activities that may be pertinent to your MBL responsibilities. For example, provide the title of your position and/or description of your role, approximate number of hours and/or days worked, if you are remunerated, and the level of your remuneration. If additional space is needed, a Word document may be attached.

Organization	Type of Business	Remuneration	Effort – Hrs/Year
1.	<input type="checkbox"/> Govt <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit Private <input type="checkbox"/> For Profit:Public	<input type="checkbox"/> None <input type="checkbox"/> \$1-4,999 <input type="checkbox"/> \$5,000+	
Details of affiliation:			
2.	<input type="checkbox"/> Govt <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit Private <input type="checkbox"/> For Profit:Public	<input type="checkbox"/> None <input type="checkbox"/> \$1-4,999 <input type="checkbox"/> \$5,000+	
Details of affiliation:			
3.	<input type="checkbox"/> Govt <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit Private <input type="checkbox"/> For Profit:Public	<input type="checkbox"/> None <input type="checkbox"/> \$1-4,999 <input type="checkbox"/> \$5,000+	
Details of affiliation:			
4.	<input type="checkbox"/> Govt <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit Private <input type="checkbox"/> For Profit:Public	<input type="checkbox"/> None <input type="checkbox"/> \$1-4,999 <input type="checkbox"/> \$5,000+	
Details of affiliation:			

**II. Significant financial interests**– List all organizations doing business with the MBL or whose business is substantially related to your institutional responsibilities at the MBL from which you receive salary or other compensation (royalties, licensing fees from patents, copyrights, etc.) greater than \$5,000 for the preceding 12 months; or in which you have equity interests (stocks, options or other ownership interests) valued at \$5,000 or more; or 5% or more ownership interests. This includes aggregate financial interests of yourself and your immediate family members (spouse, domestic partner, and/or dependent child/ren). Equity held via mutual funds, pension funds, etc., are excluded. You may also exclude income from seminars, lectures, or teaching, and service on advisory committees or review panels, for public (governmental) or non-profit entities.

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Details of affiliation:			
2.	<input type="checkbox"/> Govt <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit Private <input type="checkbox"/> For Profit:Public	<input type="checkbox"/> None <input type="checkbox"/> \$1-4,999 <input type="checkbox"/> \$5,000+	
Details of affiliation:			

**III. Additional Information:** Briefly describe any other professional or personal circumstances or activities that in your opinion might be reasonably construed as having a potential impact on your judgment about your official MBL responsibilities.

**Please acknowledge the three statements below (if you are a course director or an adjunct scientist with MBL, please acknowledge the first two statements only) and sign the form.**

\_\_\_\_\_ I have read and understand this Policy and, to the best of my knowledge, I have no affiliation with any organization or activity other than listed above that could be construed as constituting a conflict of interest with the MBL, as defined in the MBL's Conflict of Interest Policy.

\_\_\_\_\_ If, during the course of the year, my affiliations or significant financial interests should change, I will notify the Director of Sponsored Programs and Research Administration within 30 days or in any event before any new research proposal is submitted or before any more funds are expended from an existing award.

\_\_\_\_\_ I certify that I have worked less than 52 days total in the past year on outside activities as specified in the details above.

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

Reviewed By:

\_\_\_\_\_  
*Director of Research Administration and Sponsored Programs* \_\_\_\_\_  
*Date*

*Date of Compliance Committee review:* \_\_\_\_\_

*Comments, if any action taken:* \_\_\_\_\_