The form is intended for those persons who are disclosing their own conflict of interest, whether real, perceived or potential.

Questions about an activity that may represent a Conflict of Interest should be referred to:

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| Phone:  Email address:  Date | Name:  Title:  Department: |

I,      , have read and understand the “QBRI Conflict of Interest Policy”, and I agree to comply with its provisions to avoid any conflicts or potential conflicts of interest relating to my position as an employee of the QBRI.

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| |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | **1. Business Relationships and Research Activities**  Are you or an immediate family member (spouse, child, stepchild, parent, or sibling) involved as an investor, owner, employee, consultant, contractor, or board member with any person, firm, organization, or corporation that:  (a) Has a contractual relationship with QBRI  (b) Provides goods or services to QBRI  (c) Sponsors or is involved in activities at QBRI  (d) Receives referrals from QBRI?  (e) No-----------   |  | | --- | | Please briefly describe below the business, financial interest, outside employment, or consulting activities that are raising a potential conflict of interest. Include names, addresses, nature of interest and how your role relates to the outside interest, and any other relevant information. | | | |

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| **2. Relationship with Business Entities disclosed above (If applicable)**  **2.1** Did you or your family receive compensation for teaching/speaking at educational programs supported by the outside entity/activity disclosed above?  No  Yes, explain  **2.2** Did you or your family receive travel and personal expense support for teaching/speaking at educational programs sponsored by the outside entity/activity disclosed?  No  Yes, explain  **2.3** Did you or your family receive compensation for consultation services from the outside entity/activity disclosed?  No  Yes, explain  **2.4** Are you or your family engaged in commercial activities with the outside entity/activity disclosed that are related to your responsibilities at QBRI (i.e. purchasing, sponsored projects, research, etc…)  No  Yes, explain  **2.5** Do you refer QBRI business to the outside entity/activity disclosed?  No  Yes, explain  **2.6** Is any employee you supervise directly or indirectly at QBRI involved in any activity sponsored by the outside entity/activity disclosed?  No  Yes, explain |

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| **3. Gifts, Gratuities, Services and Entertainment**  Did you or a member of your immediate family (Parents, brothers and sisters, spouse, in-laws, and children) receive during the past 12 months, gratuities, gifts, or special favors from any source from which QBRI buys goods or services or otherwise has significant business dealings?  No  Yes (please list such gifts, their source, and their approximate value below as indicated)  Name of Source  Item  Approximate Value |

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| **4. Conflict of Commitment**  Did you engage or spend time and efforts in an activity outside QBRI that would interfere with the fulfilment of your obligations at QBRI during the past year?  No  Yes, explain |

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| **5. Other**  Identify any other activities/relationships in which you or your family are engaged that might be regarded as constituting a conflict of interest.  No  Yes, explain |

The information I have provided is accurate and not false, erroneous, misleading, or incomplete to the best of my knowledge If, at any time following the signing of this Conflict of Interest Disclosure Form, there occurs any change to the information given herein regarding conflict of interest, either by way of addition or deletion, I shall immediately file a supplementary Disclosure Form as appropriate.

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PRINT NAME SIGNATURE DATE

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| **Enforcement**  Failure to declare a conflict of interest may result in disciplinary action up to and including termination of employment. |
| **DIRECTOR ACKNOWLEDGEMENT**  I, or my designee, have reviewed this Disclosure Form and no further action is needed.  I, or my designee, have reviewed this Disclosure Form and an actual, potential or perceived Conflict of Interest may exist. As such, I will refer this form to the Conflict of Interest Committee.  **Name: Position:** |
| **Signature: Date:** |
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