



**SIGNIFICANT FINANCIAL INTEREST (SFI) DISCLOSURE FORM**

*This form is required to be completed by each Investigator pursuant to Soligenix’s Policy on Financial Conflicts of Interest in Public Health Service (PHS) Funded Research.<sup>1</sup>*

1. Name:

2. Contract or Proposal Number(s):

3. Company/Institution:

4. Project Name(s):

5. Choose which of the following you are submitting for review:
- Initial Disclosure Form (Submitted prior to time of application for PHS funded Research.)
  - Newly Acquired SFI (Submitted within 30 days of discovering or acquiring a new SFI during performance of a PHS funded Research award.)
  - Annual Update

6. Indicate whether you or your family have any SFIs *related to your institutional responsibilities* to be conducted under any PHS funded Research projects. **Your family includes your spouse and all dependent children.**

- No, we do not have any SFIs, as defined in the Policy, to disclose.
- Yes, we do have SFIs, as defined in the Policy, to disclose.

List all financial interests and attach any applicable project Statement of Work.

<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
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<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

For each Reimbursed or Sponsored Travel Trip required to be disclosed by the Policy, list the following information:

Purpose: <input type="text"/>	Sponsor: <input type="text"/>
Destination: <input type="text"/>	Duration: <input type="text"/>

7. Indicate whether you have completed the Policy’s required training prior to engaging in any PHS funded Research and within the last four years.
- Yes, I have completed the training and have attached appropriate supporting documentation.
  - No, I have not completed the training.

8. Electronic Certification

***I certify that (1) the information given above is true to the best of my knowledge and (2) I have reviewed and shall comply with Soligenix’s Policy on Financial Conflicts of Interest in Public Health Service Funded Research.***

**Signature:**  **Date:**

Please submit this form by email or fax to [InstituteOfficial@Soligenix.com](mailto:InstituteOfficial@Soligenix.com) or 609-452-6467