

## CDU Conflict of Interest Disclosure Form

### RESPONSIBILITY

**At the direction of the Board of Trustees' Audit and Compliance Committee, CDU Administration is delegated responsibility for assuring that Annual Conflict of Interest Disclosures are issued, returned, evaluated, and reported.**

## CONFLICT OF INTEREST STATEMENT

**Charles R. Drew University of Medicine and Science requires the highest standards of conduct and honesty of its directors, officers, faculty and staff. It is the obligation of Trustees, employees, all persons, and organizations contracting to provide services to the University, to avoid involvement in activities that might conflict or appear to conflict with their own personal, professional or business interests and the interest of the University. University Trustees, management and staff must be aware that decision making in matters in which a conflict of interest may exist, could create an appearance of impropriety.**

For purposes of this disclosure, the following information will apply:

- I. Employees having an interest in suppliers of goods, services, and leases directly or through family, personal, or business connections must not undertake to act for the University in any transaction involving that interest.**
- II. Employees must not participate in the selection, award or administration of a contract if they are considering employment with a potential University contractor or supplier of goods or services.**
- III. Employees shall avoid outside employment involving obligations which may in any way conflict or appear to conflict with the University's interests. A conflict of time commitment is considered to exist if outside activities impact the employees' ability to fulfill his/her job responsibilities.**
- IV. Employees shall provide full written disclosure of a business or a financial arrangement which might influence, or appear to have the capacity to influence, his/her official decisions or actions on University matters. Revised disclosures shall be made when significant changes occur.**
- V. Employees who have the authority to spend or commit University resources shall make disclosure a matter of record through the annual completion of a disclosure statement.**
- VI. Failure to disclose actual or potential conflicts of interest or falsification of this statement may be cause for disciplinary action, up to and including termination of employment.**
- VII. Employees are encouraged to seek advance consultation from the Human Resources Department on matters which may involve, or appear to involve, a conflict of interest. The employee should refrain from participating in any way in the matter until and unless it is determined that a conflict does not exist and participation is authorized.**
- VIII. Employees must refrain from personal and/or outside business activities in which they could use or might appear to have the opportunity to use their position for personal gain.**
- IX. Employees must refrain from unauthorized disclosure of non-public information concerning the University's investment decisions; its property development, sale or acquisition; and its purchasing plans or its contracting activities.**
- X. Accepting personal gifts and favors from persons or organizations with which the University has a business relationship is discouraged. Personal gifts of more than nominal value (\$25.00) should be tactfully declined or returned to avoid the appearance or suggestion of improper influence. Employees involved in the awarding or administration of contracts using federal or other government funds must keep in mind that the law prohibits soliciting or accepting gratuities, favors or things of monetary value from contractors or potential contractors.**
- XI. Employees shall not act or participate in University matters involving a member of his/her immediate or extended family, including but not limited to matters affecting such family members' employment, evaluation, advancement or payroll in the University, without first making full disclosure.**

**Such disclosure shall be in writing and include the nature of the familial relationship and the impact or potential impact of the employee's action on such family member. The disclosure shall be made in advance of actions taken relevant to the family member.**

Please tell us who you are:

\* 1. 4A. First Name AND Last Name

(Please DO NOT list your alias, nickname, or professional degrees):

\* 2. 4B. Official Title(s):

Primary Title:

Other Title (if applicable):

\* 3. 4C. Full Department &/or Division Name:

Primary Department &/or  
Division:

Other Department &/or  
Division (if applicable):

\* 4. 4D. Work Phone Number (Area Code + Full Number)

Note: You will only be contacted about this questionnaire if necessary:

**INSTRUCTIONS:**

**Please complete all sections of this questionnaire by disclosing any actual or potential conflicts of interest in addition to familial, personal, and/or business relationships that could potentially be perceived as a conflict of interest by a reasonable and prudent person. In each case, please describe the nature of any such relationship.**

**\* "Family" consists of a relationship by blood, marriage, life partner, significant other, domestic partner, and/or cohabitant, past or present. (To include: mother, father, children, sister, brother, aunt, uncle, cousin, niece, nephew, grandparents, grandchildren, step-parents, step-children, adopted children, in-laws, etc.)**

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\* 5. 5A. Do you or any family\* member work for, or have any type of relationship with any agency, company, or organization that:

- a) has a relationship with the University;
- b) provides similar or competing services, programs or publications;
- c) engages in similar fundraising activities or competes for charitable funding;
- d) engages in research funding or compete for scientific or research funding; or
- e) is involved in or with pharmaceutical, biomedical, or biomedical device companies?

Yes     No

If yes, please list the name of organization(s), the interested person(s) and describe relationship below:

\* 6. 5B. Have you or any family\* member received gifts, payments and/or entertainment from persons or companies doing business or seeking to do business with the University?

Yes  No

If yes, please list the individual/entity, the donor of gift and a brief description of gift below:

\* 7. 5C. Within the immediate past and current fiscal year, have you or anyone in your family\* or household knowingly accepted a loan from a financial institution that does business with or provides a service to the University?

Yes  No

If yes, please list the name of the organization(s) and briefly describe the transaction below:

\* 8. 5D. Is anyone in your family\* an employee of Charles R. Drew University (CDU) or one of the University's community based programs?

Yes  No

If yes, please provide the name(s) and title(s) of those related employees below:

\* 9. 5E. Does anyone in your family\* or household report administratively or technically, directly or indirectly, to you in your capacity as a University supervisor, manager, director or executive?

Yes  No

If yes, provide the name(s) and title(s) of those related employees who report to you below:

\* 10. 5F. Do you currently provide a service or work more than three (3) hours per week as an employee, consultant, partner, or owner at or for another organization?

Yes  No

If yes, describe the service you provide or work you perform, the number of hours you work per week, and the gross amount of the compensation that you earn per week or the sums paid to you for that service per week below:

\* 11. 5G. Do you or any immediate family\* member work for, or have any kind of relationship with, any supplier of goods or services to the University (Including legal, auditing and consulting firms)?

Yes  No

If yes, please list the name of the organization(s), your family members and describe their relationship with the organization (include ownership percentage, if applicable) below:



\* 12. 5H. Have you or a family\* member communicated any confidential or proprietary CDU information to any person or organization for their use, benefit, or financial gain?

Yes  No

If yes, please describe below:

**\*\*STOP HERE AND READ BELOW BEFORE PROCEEDING\*\***

The next two (2) questions are to be answered if you are a:

**President/CEO, Provost, Assistant Provost, Executive Vice President, Senior Vice President, Assistant or Associate Vice President, Chief (e.g., HR, Registrar, Budget and Finance, IT, etc.), Dean, Assistant or Associate Dean, Executive Director, Senior Director, Director, General Counsel, University Auditor, Compliance and Diversity Officer, Controller, or Assistant Controller.**

**Please click "NEXT" at the end of this section if any of these positions do not apply to you and proceed to the next section.**

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13. 6A. Currently (or in the last twelve (12) months), do you work for, hold another position, and/or provide a service to another employer or organization?

Yes  No

If yes, describe the service you provide or work you perform, the number of hours you work per week, and the gross amount of the compensation that you earn per week or the sums paid to you for that service per week below:

14. 6B. Currently (or in the last twelve (12) months), have you received wages, income, payment, or compensation from another employer or organization?

Yes  No

If yes, please explain:

**\*\*STOP HERE AND READ BELOW BEFORE PROCEEDING\*\***

**Please answer the next 8 questions if you are responsible for the design, conduct, administration, oversight, monitoring, review, or reporting of research. Individuals who need to answer this section include, but not limited to: Research Executive, Research Director, Research Manager, Principal Investigator, Co-Investigator, Research Staff, Research Compliance Administrators (e.g., OSP, IACUC, IRB, etc.), and Research Review Committee Members (e.g., IACUC, IBC, IRB, RSC, OHSC, COIC).**

**The following disclosure questions are ONLY related to your institutional responsibilities.**

**Please click "DONE" at the end of this section if any of these positions do not apply to you.**

**DEFINITIONS:**

**INCOME:** Salary (e.g., serving on a corporate Board of Directors, Scientific Advisory Board, or holding a position in a company) and other payments for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship, royalty, dividends).

**ENTITY:** Any domestic or foreign, public or private, organization (excluding Federal agency) from which an investigator and immediate family (spouse/domestic partner and dependent children) receives income or have ownership or equity interest.

**EQUITY INTEREST:** Stock, stock option, or other ownership interest.

**INSTITUTIONAL RESPONSIBILITIES:** Responsibilities associated with your institutional appointment or position, such as research, research consultation, teaching, professional practice, institutional committee membership, and service on panels such as Institutional Review Board (IRB) or Data and Safety Monitoring Board (DSMB).

**Please click "NEXT" at the end of this section if any of these questions do not apply to you or your position and proceed to the final section.**

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15. 7A. COMBINED INCOME AND EQUITY INTEREST FROM PUBLICLY TRADED ENTITY - Have you or a member of your family (spouse/domestic partner and dependent children) received income (aggregate amount in the 12 month preceding the disclosure) and equity interest (value as of the date of disclosure) that when combined exceeds \$5,000 in aggregate value? Do not include income from investment vehicles, such as mutual funds and retirement accounts, as long as you do not directly control the investment decision made in these vehicles.

Yes  No

If yes, please provide the name of the entity, the service you provided and the amount you received below. Also, please provide the company name, number of shares you own and the current worth of the shares below:

16. 7B. INCOME FROM NON-PUBLICLY TRADED ENTITY - Have you or a member of your family (spouse/domestic partner and dependent children) received income that exceeds \$5,000 in aggregate value during the 12 month period preceding the disclosure? Do not include income from public or non-profit entities.

Yes  No

If yes, please provide the name of the entity, the service you provided and the amount you received below:

17. 7C. EQUITY INTEREST FROM NON-PUBLICLY TRADED ENTITY - Do you or a member of your family (spouse/domestic partner and dependent children) own stock or hold stock options from non-publicly traded entity?

Yes  No

If yes, please provide the company name, number of shares you own and the current worth of the shares below:

18. 7D. In 2019, did you receive any research related payments not tied to CDU research activities?

Yes  No

If yes, please identify the amount you received and who from below:

19. 7E. Do you or a member of your family (spouse/domestic partner and dependent children) have rights to and/or receive royalties from intellectual property (including patents, copyrights, and trademarks, but excluding academic or scholarly works) licensed to and/or owned by a for-profit entity? Do NOT include intellectual property owned or managed by Charles R. Drew University of Medicine and Science.

Yes  No

If yes, please identify the property name, the annual amount received or projected to receive below:

20. 7F. To the best of your knowledge, are any CDU undergraduate, graduate, or post-doctoral students involved in research in which you have a personal financial gain?

Yes  No

If yes, please identify the name of the student(s), postdoctoral fellow(s), other trainee(s), college or school below. Also, please describe their participation in the research and whether they will be able to report or publish for academic purposes:

21. 7G. Do you or a member of your family (spouse/domestic partner and dependent children) serve in any non-paid position, whether as a consultant, board member, director, officer, partner, or trustee or any other role, for an outside entity related to your research?

Yes  No

If yes, please provide the name of the entity and the position you or a member of your family hold below:

22. 7H. Did you have any travel reimbursed or sponsored by an entity that is not a government agency, a U.S. institution of higher education, an academic teaching hospital, a medical center, or a research institute affiliated with an Institution of higher education [20 U.S.C. 1001(a)]?

Yes  No

1) purpose of the trip; 2) identity of the sponsor/organizer; 3) destination; 4) duration; and 5) monetary value of the trip:

## CONFLICT OF INTEREST CERTIFICATION:

\* 23. I certify that the disclosure is complete and accurate to the best of my knowledge and I will immediately update my Conflict of Interest form within ten (10) business days whenever any of my answers within this questionnaire change.

To update the conflict of interest form, please contact the Office of Legal Affairs at (323) 563-5921.

Agree