

**OFFICE OF RESEARCH, STRATEGIC INITIATIVES & ECONOMIC DEVELOPMENT
Conflict of Interest Declaration Form**

(submitted pursuant to the requirements of the Southern University And A&M College Conflict of Interest policy)

It should be understood that a potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the *nominator(s)' other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Declaration Form should indicate whether the nominator(s) has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominated condition to the newborn screening panel. The nominator(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federally and organizationally established regulations and guidelines in financial conflicts must be abided by. Individuals with a conflict of interest should refrain from *nominating a condition for screening.

***NOTE: "nominator" is anyone with limited authority to act on behalf of an entity providing financial interests. A "nominating condition for screening would be an assumption of conflict based on unreported significant financial interest.**

Date: _____

Name: _____

Position: _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have a conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own) and will provide a full statement as required by the SU Conflict of Interest Policy through the completion of a Significant Financial Interest Report. I also agree that an annual and ad hoc disclosure must be submitted acknowledging this significant financial interest.

I hereby certify that the information set forth above and provided in the attached is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Significant Financial Interest Report Attached.