



Financial Conflict of Interest Disclosure (FCOI) Form

Persons completing this form are expected to have read and understood the AptaMatrix Financial Conflict of Interest Policy on Federal Grants and Contracts. If you have any questions regarding that policy contact the AptaMatrix Signing Official prior to signing this document.

1. Do you, your spouse, or dependent children have a “significant financial interest (SFI)” (as defined on the AptaMatrix Company FCOI Policy) that would reasonably appear to be affected by your above-described covered “Research”?

Yes No

If yes, please describe on a separate page the nature and extent of your/their affiliation.

2. Do you, your spouse or dependent children have a “significant financial interest” in any business or legal entity whose financial interests would reasonably appear to be affected by this covered “Research”?

Yes No

If yes, please describe on a separate page the nature and extent of your/their affiliation.

I certify that:

I have read AptaMatrix Policy on FCOI on Federal Grants and Contracts.

I have made all required financial disclosures.

If program leader, principal investigator or project director, I have made every effort to ensure that all Investigators (see policy for definition) responsible for the design, conduct or reporting of the research have submitted required disclosures.

Project Title: _____

Project Sponsor: _____

Project Role: _____

Signature _____

Date: _____

Printed name: _____