Financial Conflict of Interest Report

(submitted pursuant to the requirements of the Bryn Mawr College Conflict of Interest Policy)

In the Table below, only circle yes for types of income that represent a conflict of interest.

NAME ____________________________

I am reporting on activities for the year ________

As an addendum to my recent report

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
<th>1. Compensation (including travel expenses. Have you or a member of your family received compensation from a for-profit entity for activities such as consulting, expert witness, advisory board membership, and the like. If yes, furnish information on an additional page)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>no</td>
<td>2. Equity. Do you or a member of your family own stock or hold stock options with a publicly-traded or privately-owned entity. If yes, furnish information on an additional page.</td>
</tr>
<tr>
<td>yes</td>
<td>no</td>
<td>3. Role. Do you or a member of your family serve as a director, trustee, officer or other key employee in a for-profit corporation, partnership, business, or other entity outside of Bryn Mawr College. If yes, furnish information on an additional page.</td>
</tr>
<tr>
<td>yes</td>
<td>no</td>
<td>4. Intellectual Property. Do you or a member of your family have rights to and/or receive royalties from intellectual property (including patents, copyrights and trademarks but excluding academic or scholarly work), licensed to and/or owned by a for-profit entity. Do not include intellectual property owned or managed by Bryn Mawr College. If yes, furnish information on an additional page.</td>
</tr>
</tbody>
</table>

CERTIFICATION:

I have read and understand the Bryn Mawr College policy on Conflict of Interest in Federally Funded Projects and have completed this report to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by Bryn Mawr College to manage any real or perceived conflicts. Should my outside financial or managerial interest, or those of my family, change in any way that results in different answers to any of the questions asked in this report, I agree to submit a revision.

(date) ____________________________  (signature) ____________________________
Only complete this form if there is income that represents a conflict of interest.

Addition to Financial Interest Report of: _______________________________________

Reporting for:  ☐  self  ☐  family member

Name:__________________________________________

Relationship:__________________________________

Name of External Entity: __________________________

Address of External Entity: ________________________

☐ Consultant
☐ Speaker
☐ Advisory Board or Committee
☐ Equity Holdings
☐ Governing Board or Officer
☐ Intellectual Property Rights
☐ Royalty Income
☐ Other (Describe Below)

Amount of compensation or financial interest in reporting period $_____________________

If travel paid by entity:

   Destination: ________________________________
   Amount: $_____________________

For additional information on policies, see:

Conflict of Interest Policy

NIH Conflict of Interest Policy