

**McLaughlin Research Institute**  
**Detailed Financial Conflict of Interest Disclosure - Form 2**

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Name: \_\_\_\_\_ Title/Rank: \_\_\_\_\_

Department/Other Unit: \_\_\_\_\_

All investigators and senior/key personnel who answered “Yes” to question 2 of the FCOI Disclosure – Form 1 must complete this Detailed FCOI Disclosure - Form 2 for each entity in which they and/or their family members have a significant financial interest. “Family members” is defined as the Investigator’s spouse, domestic partner, and/or dependent children:

1. What is the name of the external entity in which you and/or your family member(s) have a significant financial interest?

\_\_\_\_\_

2. Type of entity

Non-profit       Governmental       Publicly-traded       Non-publicly traded

3. What is the purpose or product of the business?

\_\_\_\_\_

4. Do you have an existing MRI management plan in place for this financial interest with this entity?  No  Yes

5. Briefly describe the nature and extent of the financial interest of you and/or your family member(s), e.g. shares held, shares outstanding, other compensation (include amounts and structure or basis of compensation/salary, e.g. bonuses, commissions, or other incentives.

\_\_\_\_\_

6. Is the financial interest derived from royalties or licensing fees?  No  Yes  
If yes, describe the intellectual property to which these interests are related. Do you have any associated agreements with the institute? If yes, please describe.

\_\_\_\_\_

7. Describe the role/title of you and/or your family member(s) with this entity (shareholder, director, officer, employee, independent contract, etc). Describe the nature of the work performed by you and/or your family member(s) at this entity.

\_\_\_\_\_

8. How does the work you and/or your family member(s) perform at this entity relate to your institutional responsibilities, research or sponsored program?

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