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**2021** **Financial Conflict of Interest (FCOI) Disclosure Form**

**Name of person completing the form:**

**Title:**

**Mailing Address:**

**Email address:**

**Phone:**

A “Significant Financial Interest” (SFI) is defined as the receipt by you, your spouse, or your dependent children of any of the following:

• Income that exceeds $5,000 from any outside entity, measured on a rolling 12‐month basis. This may be one payment from a particular company of more than $5,000, or multiple payments from the same company that in the aggregate exceed $5,000 and are received within the previous 12 months

• Acquisition of equity in a public company that exceeds $5,000 in value

• Aggregated income and equity/ownership interest from a public company that exceeds $5,000, as measured on a rolling 12‐month basis

• Any equity/ownership interest in a privately‐held company

• An income that exceeds $5,000 from rights in intellectual property, as measured on a rolling 12-month basis

• All reimbursed and “sponsored” travel that exceeds $5,000, as measured on a rolling 12‐month basis

Excluded from this definition are any ownership interests and payments (including travel) received from Adecto Pharmaceuticals. Also excluded from this definition are payments received from any of the following entities, provided these payments are received for teaching engagements, lectures, seminars, or services on advisory committees or review panels:

• Government agencies

• US institutions of higher education and research institutes affiliated with them

• Academic teaching hospitals

• Medical centers

Further, you do not have to report:

• Salary, royalties, travel, or other remuneration through your employer

• Income from investment vehicles over which you do not exercise control, such as mutual funds and retirement accounts

**Do you, including your spouse and dependent children, have any Significant Financial Interest (SFI) related to your responsibilities or research conducted at Adecto Pharmaceuticals?**

Yes, I have an SFI to report. (Please provide information about your SFI on the next page)

No, I have no SFI to report.

By submitting this form, you are confirming that you have read and will abide by Adecto Pharmaceuticals’ Financial Conflict of Interest Policy. You understand your obligation to disclose any change(s) within 30 days of acquiring a new significant financial interest or other conflict of interest that may arise after submission of this form

**Signature:**

**Date:**

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| --- | --- | --- | --- |
| Interest/Activity Type | Entity Name | Interest/ compensation/ reimbursement amount | Describe interest/activity (person holding interest, work performed…) |
| Equity/Ownership (stock, stock options…) |  |  |  |
| Remuneration (consulting fees, speaker’s bureau, honoraria…) |  |  |  |
| Associations, Memberships, Positions (board of directors, offices…) |  |  |  |
| Intellectual Property rights/ Royalty Income |  |  |  |
| Travel |  |  | Destination/Duration/Purpose: |

**The information provided below will be treated as Confidential.**

**Additional Comments:**