Attestation and Disclosure Form

This electronic system combines the annual attestation to the Code of Conduct with the disclosure form.

The intent of the disclosure is to help you identify external interests* and activities you have that might affect or be affected by the roles you perform at the University of Louisville or under the auspices of the University of Louisville (Institution). This annual disclosure is collected to comply with federal regulations, state statutes and University of Louisville Policies.

The main goals of these regulations, statutes and policies are to assure that a Covered Individual's external interests* and activities do not compromise the integrity of academic, business, clinical and research missions of the Institution and to maintain the public trust through disclosure and management of real or perceived conflicts of interest. These regulations, statutes and policies may not prohibit external interests* that might benefit employees, but they do require that they are fully reported to the Institution, reviewed and managed as appropriate.

Code of Conduct

Full Text of the Code of Conduct is located at: http://louisville.edu/compliance/ico/code

<u>Standards of Conduct</u>

- Act Ethically and with Integrity
- Be Fair and Respectful to Others
- Manage Responsibly
- Protect and Preserve University Resources
- Promote a Culture of Compliance
- Preserve Academic Freedom and Meet Academic Responsibilities
- Ethically Conduct Teaching and Research
- Avoid Conflicts of Interest and Commitment
- Carefully Manage Public, Private, and Confidential Information
- Promote Health and Safety in the Workplace

I confirm that I have read the University of Louisville Code of Conduct ("Code"), understand it, and I agree to abide by the Standards of Conduct outlined in the Code so long as I remain a Covered Individual with the University of Louisville.

● Yes ○ No

The ICO will be notified of your response.

ANNUAL DISCLOSURE FORM

Information provided pursuant to this requirement is considered confidential.

The following statements apply to you as a Covered Individual at the University of Louisville. The term "sponsor" includes any *External Entity (other than

University of Louisville or one of its Associated Organizations - University of Louisville Research Foundation, University of Louisville Foundation, University of Louisville Athletic Association) that supports Institution activities. "Support" means providing anything of value (*e.g.,* funds, supplies, equipment, staff, etc.), regardless of whether restricted or unrestricted.

Covered Individuals are responsible for knowing, understanding, and complying with this procedure as it relates to their role, position, employment or enrollment at the Institution. Breaches of this procedure include, but are not limited to, failing to submit an ADF, intentionally submitting an incomplete, erroneous or misleading ADF, failing to provide additional information as required by the Appropriate Authority or the Conflict of Interest Office, or failing to follow an approved plan for managing, reducing or eliminating a potential conflict. A violation of this procedure, failure to complete this questionnaire or violation of federal regulations, state statutes or University of Louisville policies may result in sanctions, corrective measures and appropriate disciplinary actions, up to and including termination as determined by existing Institution policies.

Full Name:

Priscilla A Hancock

Please clarify the roles you hold at the institution, even in a temporary capacity.

The following roles are currently assigned to your profile.

Role Name
No role(s) have been assigned

Role Name
Vice President, Assoc VP, Asst VP

Employee's Direct Supervisor (Appropriate Authority)

Harlan Sands

Provide the Full Name, Title and Unit/Department of all Immediate Family Members employed by the Institution and your relation to him/her.

Click "Add Row" to enter Immediate Family Member information below

Immediate Family Member Full Name	Title	Unit/Department	Your Relationship to him/her
No records have been added			

Disclosure Questions

Do you, your spouse or dependent child have a role, relationship or interest in Public, For Profit Entity? (Entities commonly traded on a stock exchange)

Common Examples of Roles, Relationships and Interests: Equity, IP interests/royalties, Speaker's Bureau, Honorarium, Officer/Board Position, Compensation, Consulting, Vendor/ Contractor providing goods or services to the University
Exclusions: Holdings of Mutual Funds

○ Yes ● No

Do you, your spouse or dependent child have a role, relationship or interest in Private, For Profit Entity? (includes start up companies)

Common Examples of Roles, Relationships and Interests: ***Equity, IP interests/royalties, Speaker's Bureau, Honorarium, Officer/Board Position, Compensation, Consulting, Vendor/ Contractor providing goods or services to the University***

○ Yes ● No

Do you, your spouse or dependent child have a role, relationship or interest in Not For Profit Entity? (Foundations, Service Organizations, Professional Societies, etc)

Common Examples of Roles, Relationships, and Interests: ***Equity, IP interests/royalties, Speaker's Bureau, Honorarium, Officer/Board Position, Compensation, Consulting, Vendor/ Contractor providing goods or services to the University***

● Yes ○ No

For each Not For Profit Entity with which you, your spouse or dependent child(ren) has a role, relationship, and / or interest, please provide the following. Each field marked with an asterisk is required.

Entry 1

***Name of External Entity (Case Sensitive)**	What is the name of the External Not for Profit Entity? American Heart Association Board in Louisville
***Nature of Institutional interaction(s) with External**	☐ Academic

Entity (check all that apply)	☐ Business ☐ Clinical ☑ Research
***Role, Relationship, Interest (check all that apply)**	☐ Serve on the Board of Directors or equivalent (regardless of compensation) ☑ Serve on Advisory Board (regardless of compensation) ☐ Serve on Speaker's Bureau (regardless of compensation) ☐ Serve in Officer role (regardless of compensation)
***In the aggregate, the approximate value of your, your spouse's and dependent child(ren)'s realtionship with this external entity in the past 12 months was:**	$0-$4999
***Do you expect the approximate value of your, your spouse's and dependent child(ren)'s relationship in the external entity for the next year to be:**	$0-$4999
***Does this external entity provide support for any research, creative or scholarly actvity in which you may be involved?**	○ Yes ◉ No
***Do you, your spouse, or dependent child(ren) design research protocols on behalf of the external entity?**	○ Yes ◉ No
***Do you, your spouse or dependent child(ren) have any intellectual property that has been licensed to or optioned by the external entity?**	○ Yes ◉ No
***Have you or your spouse recommended use of this external entity as a subawardee or recipient of a sub-contract?**	○ Yes ◉ No
***Are you or your spouse responsible for the design, conduct or reporting on any research project evaluating the use of products (Le. drug, medical device or treatment) made by this external entity?**	○ Yes ◉ No
***Do you or your spouse prescribe, use or implant products, e.g. drugs or devices, made by this external entity?**	○ Yes ◉ No
***Do you or your spouse refer patients to this external entity for products, goods and / or services?**	○ Yes ◉ No
***As part of your job duties**	

are you involved in purchasing or procurement decisions regarding this external entity's products? This may be by providing advice or consultation regarding the purchase, use or selection of products, goods or services.	○ Yes ◉ No
***Does this entity provide academic/ instructional materials to U of L?**	○ Yes ◉ No
***Please use this space to provide comments or provide additional information about your relationship with this external entity**	This board only addresses the fund raising activities of the American Heart Association in Louisville, KY. I receive no compensation. This is a community service. UofL does receive funding for research from this entity but that has no relevance to my role in the institution.

Do you, your spouse or dependent child receive anything of value ("gift") greater than $25 per year related to your *role(s) within the Institution, from an *External Entity that provides goods, services and/or funds to the University of Louisville, or any of its Associated Organizations?

Common Examples: ***free meals, discounted conference / registration fees, free or discounted tickets to entertainment events, software, gift cards / certificates, or other tangible items. Discounts received through the employee benefits programs do not need to be reported here.)***

○ Yes ● No

Do you or your spouse employ Covered Individuals or students in an External Entity that you also supervise/mentor/instruct in your institutional role(s)?

○ Yes ● No

Do you have Institutional Responsibility to make Institutional resource decisions that also involve an *External Entity in which you, your spouse or your dependent child hold an *Interest?

○ Yes ● No

Do Covered Individuals under your direct supervision engage in Institutional activities with an *External Entity in which you, your spouse or dependent child hold an *Interest?

○ Yes ● No

ADDITIONAL DISCLOSURES

Do you, your spouse, or dependent child(ren) have any external *Interests, activities or Relationships that have not been identified in the above questions?

○ Yes ● No

ACKNOWLEDGMENTS

I hereby acknowledge:

1. **that all the aforementioned statements and information provided in this ADF are true, accurate and complete to the best of my knowledge and belief;**
2. **that all the aforementioned statements and information provided in this ADF indicate all external interests and activities with regard to my role(s) at the Institution;**
3. **that I may need to provide additional information, as needed, in order for the Institution to determine the existence of a conflict of interest and to manage said conflict of interest;**
4. **that this disclosure and any subsequent management plan may be shared with affiliated research sites where I may seek to conduct research;**
5. **my continuing obligation to submit an amended/revised ADF within 30 days if any of the above information changes, new information becomes available and/or new external interests or activities arise.**

- Click here to confirm, proceed to signoff, and complete the submission of your ADF.