

## FORM FOR THE DISCLOSURE OF FINANCIAL INTERESTS

This self-declaration of Significant Financial Interests (SFIs) complies with the "Policy on the handling of grants from US funding bodies in the context of research projects at Hannover Medical School Hannover ". See [weblink](#) for further information.

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|--|--|
| <input type="checkbox"/> First disclosure  | <input type="checkbox"/> Addendum/update of the disclosure |
| <input type="checkbox"/> Annual disclosure | <input type="checkbox"/> Addendum for travel purposes only |

### FCOI Training

Date of last training: .....

All Investigators must complete the training (see policy 3.2.1). This training must be repeated at least every four (4) years. A certificate will be issued at the end of the tutorial. Please sign and return this certificate to the project director immediately upon completion.

Name: .....

Department: .....

Secondary employment was reported to the MHH Human Resources Department

Research project (acronym/title): .....

Fund number: .....Main funding no.: .....

- National Science Foundation (NSF)
- Public Health Service (PHS) agencies (NIH, AHRQ, ATSDR, CDC, FDA, HRSA,

SAMHSA, BARDA)

- Defense Advanced Research Project Agency (D ARPA)

Note: Disclose all Significant Financial Interests as defined in the policy under 3.1..

- There is no Significant Financial Interest.

I certify that as an Investigator who is responsible for the design, conduct, or reporting of research outcomes related to the above funding, I have not been affected by a Significant Financial Interest interests relating to my institutional responsibilities during the past 12 months.

- There are Significant Financial Interests relating to my institutional responsibilities.

I have been affected by a Significant Financial Interest in the last 12 months.

### **1. Salary/other cash benefit/remuneration<sup>1</sup> :**

I, my spouse or registered partner and/or children in parental care have received a total sum or payment from an institution<sup>2</sup> in connection with my institutional responsibilities for services that are not otherwise designated as salary (e.g. consulting fees, honoraria, paid authorship).

This does not include

- Income from interest on joint financial resources or retirement provision where the investment decisions are not made by the declarant him/herself
- Income from seminars, lectures and teaching funded by U.S. federal, state, local or other government agencies; institutions of higher education or research;

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<sup>1</sup> All contributions made by an entity in any form, including, but not limited to, stocks, bonds, stock options, warrants, partnership interests, rights to patent or license payments, consulting fees, honoraria, salaries, loans, faculty fees or fees for service on boards of directors, scientific and other advisory boards.

<sup>2</sup> Any non-MHH entity, domestic or foreign, public or private, listed or unlisted (other than a U.S. federal agency), from which you (and - your spouse and/or children in parental custody, if known) receive compensation or which you own or have an interest in.

academic teaching hospitals or medical centers

- Income from service on advisory committees or review boards for a U.S. federal, state, local or other government agency; institutions of higher education or research; academic teaching hospitals or medical centers
- Royalties, licenses or other payments from intellectual property rights

Yes                      If yes:  > \$5,000                       > \$10,000                       No

If yes:

Please indicate on a separate page the name/type of organization, type of business/activity and individual income in US dollars.

## 2. Shares/units/participations

I, my spouse or registered partner and/or children in parental custody have acquired total assets or interests in an institution in connection with my institutional responsibilities.

This may include any share, share option or other ownership interest as determined by reference to public prices or other reasonable measures of fair market value.

Yes                      If yes:  > \$5,000                       > \$10,000                       No

If yes:

Please indicate on a separate page the name/type of organization, type of business/activity and individual income in US dollars.

## 3. Intellectual property rights and interests

I, my spouse or registered partner and/or children in parental care have received payments for intellectual property rights or interests of any kind (e.g. patents, patent applications, copyrights or license agreements with an institution other than MHH) resulting from my work or in connection with my work at MHH.

Yes                      If yes:  > \$5,000                       > \$10,000                       No

If yes:

Please briefly describe each invention/intellectual property, the status (licensed, patented, patent pending) and specify the name of the entity involved.

#### **4. Travel expense reimbursement/sponsoring**

I have received any type of travel reimbursement (including meals, transportation, lodging, and registration fees) or been sponsored by an entity related to my institutional responsibilities in excess of \$5,000 for travel (i.e., all or part of the travel expenses were paid for the investigator/researcher and not reimbursed to the investigator/researcher). This includes for-profit entities, academic publications and publishers, non-profit entities including outside professional organizations and societies, foreign universities, or the government of another country.

Does not include travel sponsored or reimbursed by a subrecipient organization, U.S. federal, state, or local government agency, an institution of higher education or affiliated research institution, an affiliated research institute, an academic teaching hospital, or a medical center.

Yes

No

If yes:

Please indicate the name(s) of the sponsor(s), estimated value in US dollars, destination, duration and reason for travel on a separate page.

#### **Recognition and confirmation**

I certify that this is a complete disclosure of all my Significant Financial Interests related to my institutional responsibilities and that I have exercised all reasonable diligence in preparing this disclosure of financial interests and to the best of my knowledge it is true and complete. I agree to comply with the regulatory requirements as listed in the "Policy on the Handling of Grants from U.S. Sponsors in the Context of Research Projects at Hannover Medical School". Accordingly, by signing below, I acknowledge that it is my responsibility to disclose within 30 days any new Significant Financial Interest arising during the term of the above proposed project. I understand that a breach of these obligations may result in recourse claims against MHH and, if applicable, claims for damages against me personally. I further agree that the information contained herein may be released or transmitted to the main awardee of the grant and/or the grantor, including representatives of federal agencies, upon

request.

For Key Personnel as defined in the policy: I agree that information contained herein concerning identified FCOIs held by Senior/Key Personnel may be released or transmitted to the public as provided for under applicable regulation 42 CFR 50.605(a)(5)(ii).

Signature:

Date:

This self-declaration is stored in the electronic third-party funding file of MHH maintained by the Grants and Contracts Administration. The declaration will only be transmitted to the USA at the justified request of the funder.

I am aware and agree that in the event of a data transfer, the data will be transferred to the USA. As the data has a lower level of data protection than the European Economic Area, standard contractual clauses in accordance with Module 4 have been concluded to ensure an appropriate level of data protection.

In addition, I am aware that in the case of an FCOI, my self-disclosure and that of my relatives and only this data will be transmitted to the respective funding agency in the USA.

You have the right to information about the personal data stored about you (Art. 15 GDPR). If you discover that incorrect personal data concerning you is being processed, you can request rectification (Art. 16 GDPR). You have the right to request the erasure of your personal data if certain grounds for erasure apply. This is the case, for example, if the personal data are no longer necessary for the purpose for which they were originally collected or processed or you withdraw your consent and there is no other legal basis for the processing (Art. 17 GDPR). Furthermore, you have the right to restrict the processing of your personal data (Art. 18 GDPR), to data portability (Art. 20 GDPR) and a general right to object (Art. 21 GDPR). If you restrict the processing of your personal data this may lead to an immediate termination of the research project under the above mentioned funding and to a complete return of this funding to the above mentioned funding body.

Responsible: MHH, implementation and control of data protection regulations by the head of the institute, OE, Institute, Carl-Neuberg-Strasse 1, 30625 Hannover

If you have any questions or believe that your personal data is not being processed lawfully, you can contact the MHH Data Protection Officer:

Data Protection Officer of the MHH, OE 0007, Carl-Neuberg-Strasse 1, 30625 Hannover

You have the right to lodge a complaint with the supervisory authority if you believe that your personal data is being processed unlawfully. The address of the supervisory authority responsible for the MHH is

The State Commissioner for Data Protection of Lower Saxony, Prinzenstraße 5, 30159 Hanover