



SIGNIFICANT FINANCIAL INTEREST DISCLOSURE FORM

CicloMed, LLC strives to create a research and product development climate that promotes objectivity in all matters relating to research and product development by establishing standards and policies such that the design, conduct, and reporting of all grant funded (government or private) research and product development is free from bias resulting from a Financial Conflict of Interest (FCOI). To that end, a goal of our FCOI Policy is to notify CicloMed of any potential financial conflicts from employees or other individuals or companies that we work with (collectively, Entities).

The purpose of this form is to document from each Entity (individual, company, or company representative) that works on government funded projects for CicloMed (paid or unpaid), the financial status of their relationship with other institutions, companies or individuals that:

1. CicloMed has a financial relationship with (see list on Appendix B),
2. And might have a Significant Financial Interest (SFI) that could cause a financial conflict (as detailed in our FCOI Policy found on our website (www.ciclomed.com)).

This form is to be completed and submitted by all Entities (Employees, consultants, advisors, companies, institutions) who are doing work for CicloMed on projects that are funded by a government grant (example National Institute of Health- NIH)

Important: See Appendix A of this form for important definitions of federal regulations that relate to this form and the CicloMed FCOI Policy.

Please submit completed form to the FCOI Administrator
at FCOIAdmin@ciclomed.com <<mailto:FCOIAdmin@ciclomed.com>>

Section A

Date this form is being submitted: _____

Name _____ Title _____

Note: In the case of a company or institution, an executive or owner may represent the entire group (as detailed in our FCOI Policy). However, that person accepts the responsibility that everyone in that company or institution who works on a CicloMed government funded project is aware of the CicloMed FCOI Policy and has notified CicloMed Management of a potential financial conflict of interest.

Address _____

Role on Project _____

Office Telephone _____

E-Mail Address _____

1. Have you completed the required Financial Conflict of Interest Training ____
YES ____NO

If YES, please include a copy of your Certificate of Training when you submit this form (if you have not already done so).

If NO, please contact
CicloMed, FCOIAdmin@ciclomed.com<<mailto:FCOIAdmin@ciclomed.com>>, for help.

1. Do you, your spouse, any dependent children, and/or any member of your team/company have any Significant Financial Interests with companies/individuals that

CicloMed has a financial or working relationship with (see Appendix A and see definition of SFI in the attached or refer to the CicloMed FCOI Policy):

(1) that would reasonably appear to be affected by any of your responsibilities that relate to a CicloMed government funded project including but not limited to activities funded or proposed for funding by the National Institute of Health; or

(2) in Entities not controlled by CicloMed whose financial interests would reasonably appear to be affected by such activities?

_____ YES

_____ NO

1. Please sign below to certify (1) that you have fully and to the best of your ability completed this disclosure form (including, if you answered YES to question 2, separate entries for each relevant entity in Section B below), and (2) that you will update your disclosure form promptly if relevant circumstances change.

Signature _____ Date _____

Section B (To be completed only if answer is YES to Question 2)

Name of Entity(s) You or Your Company might have a SFI with:

What activity/project are you working on for CicloMed that might cause the FCOI:

Nature of the Significant Financial Interest to you or your family that has an annual value of over \$5,000 (USD):

_____ Participation as employee(s)

_____ Equity interest in Non-Publicly traded entities

_____ Consulting or occasional lecturing

_____ Honoraria

_____ Travel Reimbursement

_____ Service on Advisory or Directors' Boards

_____ Writing commissioned papers or reports

_____ Payments through royalties on patents/copyrights, etc.

_____ Other

Elaborate with details below on the answers to previous questions and description of steps already taken, or being taken, to oversee and/or manage potential conflicts of interest: (Attach additional pages if necessary)

Appendix A:

CONFLICT OF INTEREST DISCLOSURE FORM

DEFINITIONS

According to the National Institutes of Health (NIH), National Science Foundation (NSF) and Public Health Service (PHS) regulations:

The term Significant Financial Interest (SFI) signifies anything of monetary value, including but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). All SFI related to the Workers (Employees, consultants, advisors, companies, institutions) CicloMed government funded project responsibilities must be disclosed.

The term does not include:

1. Salary, royalties or other remuneration from universities or institution of higher learning;
2. Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities including a federal state or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or research institution that is affiliated with an institution of higher education;
3. Income from service on advisory committees or review panels for public or nonprofit entities including a federal state or local government agency, an institution of higher

education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or research institution that is affiliated with an institution of higher education;

4. An equity interest that when aggregated for the Worker and the Worker's spouse and dependent children, meets both of the following tests: a) Does not exceed \$5,000 in value as determined through reference to public prices or other reasonable measures of fair market value, and b) does not represent more than a 5% ownership interest in any single entity;

5. Salary, royalties or other payments that when aggregated for the Worker and the Worker's spouse and dependent children over the next twelve months, are not reasonably expected to exceed \$5,000; or

6. Income from investment vehicles, such as mutual funds and retirement accounts as long as the Worker does not directly control the investment decisions made in these vehicles.

In addition:

The term Entity signifies any legal body created for profit or charitable purposes.

Travel reimbursements and sponsored travel: SFI disclosure also includes travel. Specifically, externally funded, reimbursed, or sponsored travel that would appear to be related to Entity's CicloMed responsibilities that is not funded by CicloMed. Such travel must be disclosed (if the amount exceeds \$5,000 annually) except when the expenses are covered by any of the excluded sources. The amount of the expenses does not need to be disclosed, just the fact that they exceed \$5,000 annually.

For a complete list of definitions or other information relating to this form, see the CicloMed FCOI Policy at (www.ciclomed.com).

Appendix B

Below is a list of companies, individuals, advisors, consultants, and organizations that CicloMed has a financial or working relationship with. This list is being provided so that individuals doing work for CicloMed can determine if they have a Significant Financial Interest with one or more of these individuals or entities and therefore a potential Financial Conflict of Interest.

Companies:

Alba BioPharm Advisors

BioServ (Sorrento Company)

Brand Institute

Catalyst

CMED Group Limited

Kansas University Medical Center

Notable Labs

Patheon

The Gnomon Group

University of Iowa Pharmaceuticals

Individuals:

Michael Baltezor

CicloMed FCOI Administrator

Fred Meyer

Organizations:

National Institute of Health (NIH)

Small Business Innovation Research (SBIR)