

Attachment B:

General declaration form (OP 70.37B- Confidential General Disclosure of Either Significant or No Significant Business or Financial Interests in Any External Entity)

This form is to be used to disclose significant business or financial interests as required by OP 70.37.

Faculty/Staff Name _____ [unclear] get _____ Retroactive

Department/Unit _____ Rank _____

College/Unit _____

I and my family members, defined as a spouse and dependent relatives or household members:

___ will ___ will not receive salary, royalties or other payments for services (e.g., consulting fees or honoraria) in excess of \$10,000 from an external entity that would reasonably appear to be affected by the research or educational activities funded, or proposed for funding, by an external sponsor;

___ do ___ do not hold an equity interest in excess of \$10,000 in value in an external entity that would reasonably appear to be affected by the research or educational activities funded, or proposed for funding, by an external sponsor;

___ do ___ do not hold an equity interest that represents more than a 5 percent ownership interest in an external entity that would reasonably appear to be affected by the research or educational activities funded, or proposed for funding, by an external sponsor;

___ do ___ do not serve as a member of the governing board in the capacity of a director, advisory director, trustee, or otherwise in an external entity.

___ do ___ do not have other significant business or financial interests that possibly could affect, or be perceived to affect, the results of the research or educational activities performed by me as a part of a sponsored project.

___ do ___ do not have other significant business or financial interests that possibly could affect, or be perceived to affect, or have the appearance of affecting the results of the research or educational activities performed by me as a member of Texas Tech University.

I agree to update this request and disclosure 1) on an annual basis and 2) at any time there is a change in the information reported.

Signature (Original signature only; a "per" signature is not acceptable.)

Date

If only negative statements are checked above, no further information is required.

If any positive statement is checked, complete a "Confidential Supplemental Disclosure" form for each Entity disclosed and attach to this form.

Please add your electronic signature and e-mail the form to researchintegrity@ttu.edu or sign it and mark the envelope as CONFIDENTIAL and mail it to Training Administrator, Office of Research Integrity, OVRP, MS 1075, 103 Holden Hall, Campus