

**COMPLETION STATEMENT**

**PRINCIPAL INVESTIGATOR'S  
ADDENDUM TO STATEMENT OF ECONOMIC INTERESTS  
(Revision 3/99)**

**PRINCIPAL INVESTIGATOR:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_ **ZOT CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**FUNDING SOURCE ("SPONSOR"):** \_\_\_\_\_

You have filed a "Statement of Economic Interest" (Form 730U) in connection with the expiration or termination of the referenced award for which you disclosed a financial interest in the sponsor. University policy requires an independent, substantive review of all positive disclosures by the Conflict of Interest Oversight Committee prior to acceptance and, as here, upon termination of the funds. This addendum will provide necessary information for that review.

PLEASE TYPE OR PRINT LEGIBLY. Please be specific and provide complete responses to avoid delay. Attach any additional information you feel necessary to provide complete disclosure.

**RETURN THE FORM TO:** *OFFICE OF RESEARCH ADMINISTRATION  
160 ADMINISTRATION BUILDING - ZOTCODE 1875*

<b>FUNDING INFORMATION</b>
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1. If the 730U is attached, go to question 2. If the 730U is not attached, please complete the following:

Title of Project or Intended Use of Funds: \_\_\_\_\_

Amount of Award: \$ \_\_\_\_\_

2. Type of Award:    Gift  (go to question 4)  
                          Grant     Contract     Clinical Trial Agreement

3.     What was the project performance period? \_\_\_\_\_ to \_\_\_\_\_

PERSONAL INFORMATION AND FINANCIAL INTERESTS

4. What is your full academic title? \_\_\_\_\_

What is the percentage of your University appointment? \_\_\_\_\_

5. Please indicate the nature of your financial interest(s) in the sponsor, cumulative amounts within the previous 12 months, and identify the title holder/recipient if other than yourself. Include any investments or income by you, your spouse, dependent child(ren), or other person(s) with whom you have a close personal or financial relationship that may accrue to your benefit. *Do not include University-managed funds, such as gifts, grants, or contracts.*

Consulting fee \_\_\_\_\_ Honoraria \_\_\_\_\_ Stocks \_\_\_\_\_ (a)

Per diem \_\_\_\_\_ Salary \_\_\_\_\_ Stock Options \_\_\_\_\_ (b)

Dividends \_\_\_\_\_ Gifts (\$50 or more) \_\_\_\_\_ Other (define) \_\_\_\_\_

(a) What percentage of sponsor's issued and outstanding shares does this interest represent? (check box)

0-5%       6-10%       11-25%       >26%

(b) Describe your option arrangement, indicating the number of shares, option price per share, and the current market value per share.

6. If you or a family member are an employee of the sponsor or hold a position of management responsibility (e.g., director, officer, partner, trustee, employee, etc.), please describe that position and its relationship to the project or gift.

7. If you or a family member have received a consulting fee from the sponsor, specifically describe the nature of your consulting activities or services. Please also indicate if they relate to the completed project. If consulting income exceeded \$10,000 within the last 12 months, attach a copy of the consulting agreement.

8. If you or a family member received honoraria from the sponsor, please describe the services for which it was received.

**SEPARATION OF UNIVERSITY AND PRIVATE INTERESTS**

9. Are there any previous or existing written agreements between you, your spouse or dependent child(ren) and the sponsor?  
Yes  Please describe and provide term and purpose    No
10. How did you keep your interest in or outside obligations to the sponsor separate from your University commitment?
11. What role did you play in the sponsor's decision to make this award?

**APPROPRIATENESS TO THE UNIVERSITY'S MISSION**

12. Please attach a brief description of the activity supported by the award and how it benefited the University's mission of teaching, research and public service. If the project involved any testing of drugs or devices or the development of a product, please describe. Describe by general categories how the funds were expended.
- Abstract was provided with Disclosure and Addendum dated \_\_\_\_\_ and did not change.
- Abstract is attached.
13. Did the sponsor provide any of the following? (check all that apply and describe)
- |                           |                          |                        |                          |           |                          |
|---------------------------|--------------------------|------------------------|--------------------------|-----------|--------------------------|
| Proprietary data          | <input type="checkbox"/> | Test material or drugs | <input type="checkbox"/> | Equipment | <input type="checkbox"/> |
| Use of sponsor's facility | <input type="checkbox"/> | Sponsor's personnel    | <input type="checkbox"/> |           |                          |
14. Did the sponsor participate in deciding the direction of the research? If so, how?

**OPENNESS OF TEACHING AND RESEARCH ENVIRONMENT**

15. Were students involved in this project? Yes  No
- a. Were there any constraints or restrictions imposed on the reporting of their work?  
 No  Yes If yes, please describe.
- b. What was the nature of compensation to the students (e.g., course credits, thesis, salary, etc.)?

16. Please attach a list of the research papers, published or under review, and presentations that were supported by the award or gift.

See attached.

If no publications or presentations are noted above, please explain.

USE OF UNIVERSITY RESOURCES AND FACILITIES
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17. Did the sponsor support the full direct and indirect costs of this project?  
If gift, please indicate "Not Applicable."

Yes  No  Not Applicable

18. Please list any other sponsors of this research including amount of support. Also, if funding was in the form of a grant or contract, please indicate any University funds that supplemented the project.

LICENSING AGREEMENTS
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19. Were patentable inventions or other tangible research products developed from this project?

Yes  No

If yes, was the sponsor granted an exclusive license to the property or is one contemplated?

Yes  No

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

NOTE: The State of California Information Practices Act of 1977 requires the University to provide this information to individuals who are asked to supply information about themselves. The principal purpose for requesting this information is to accomplish the independent and substantive review of positive financial disclosures as required by the Revised Policy on Disclosure of Financial Interest in Private Sponsors of Research dated April 8, 1982. University policy and State law authorize maintenance of this information. Submission of this information is mandatory. The consequences of not providing all or any part of the requested information could be nonacceptance of your award from the proposed sponsor, state enforcement proceedings against you as well as University sanctions. The information is a public record under University policy and State law. Individuals have the right to review their own records in accordance with Academic Personnel Manual Section 160. Information about this policy may be obtained from the Office of Research Administration (Ext. 7106). The official responsible for maintaining the above information is the Vice Chancellor for Research, 155 Administration Building.