

**Hawai'i Pacific Health**  
**Disclosure of Financial Interests Form**

A financial interest means anything of monetary value, whether or not the value is readily ascertainable.

On this form "you" refers to the financial interests of yourself, your spouse, and/or your dependent children.

You do not need to disclose the following information:

- Salary, royalties, or other remuneration paid to you by HPH if you are currently employed or otherwise appointed by HPH, including intellectual property rights assigned to HPH and agreements to share in royalties related to such rights.
- Income from investment vehicles, such as mutual funds and retirement accounts, as long as you do not directly control the investment decisions made in these vehicles.
- Income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.
- Income from service on advisory committees or review panels for a Federal, state, or local government agency, an Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

**If you have nothing to disclose check the box for None in each section.**

**Publicly Traded Entities**

Please list any remuneration you have received from a publicly traded entity in the 12 months preceding this disclosure. Remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship).

**None**

Remuneration Type <i>Ex. Consulting fee</i>	Entity <i>Ex. Pharma Company</i>	Payment Amount <i>Ex. \$500</i>

Please list any equity interest you have in a publicly traded entity. Equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.

**None**

Entity <i>Ex. Pharma Company</i>	Equity Amount on date of disclosure <i>Ex. 100 shares valued at \$5,000</i>

**Non-Publicly Traded Entities**

Please list any remuneration received from a non-publicly traded entity in the 12 months preceding this disclosure.

None

Remuneration Type <i>Ex. Consulting fee</i>	Entity <i>Ex. Pharma Company</i>	Payment Amount <i>Ex. \$500</i>

Please list any equity interest you have in a non-publicly traded entity.

None

Entity <i>Ex. Pharma Company</i>	Equity Amount on date of disclosure <i>Ex. 100 shares valued at \$5,000</i>

**Intellectual Property Rights and Interests**

Please list any income related to intellectual property rights and interests (e.g., patents, copyrights) in the 12 months preceding this disclosure.

None

Interest Type <i>Ex. Patent holdings</i>	Interest Value <i>Ex. \$3,000</i>

**Sponsored Travel**

Please list any occurrence of reimbursed or sponsored travel (i.e., travel which is paid on your behalf and not reimbursed to you so that the exact monetary value may not be readily available), related to your Hawai'i Pacific Health responsibilities in the 12 months preceding this disclosure. Do not list travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

None

Trip Purpose <i>Ex. Lecture</i>	Sponsor/Organizer <i>Ex. Pharma Company</i>	Destination <i>Ex. City, State</i>	Duration <i>Ex. 5 days</i>

**Other Compensation**

Other compensation may include recruitment incentives, gifts, and corporate officer or Board of Director positions in the 12 months preceding this disclosure.

None

Compensation Type <i>Ex. Recruitment Incentives</i>	Value <i>Ex. \$1,000</i>

**You must sign, date, print and send this completed form to HPHRI. See below for methods to send.**

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Disclosure

**Please send your completed form to the Hawai'i Pacific Health Research Institute via one of the following:**

Fax	808-535-7299
Email	<a href="mailto:clinicaltrials@hawaiipacifichealth.org">clinicaltrials@hawaiipacifichealth.org</a>
Interoffice mail	HPHRI HC-26
Mail	HPHRI, Harbor Court, 55 Merchant Street, 26 <sup>th</sup> Floor, Honolulu, HI 96813