ADDGENE, INC.

REVIEW OF FINANCIAL CONFLICT OF INTEREST (FCOI) PUBLIC REQUEST

This form cannot be completed by those persons managing or directing the publicly funded research or other senior/key personnel named on the applicable grant.

FCOI Public Request

Date Received: _______________________________  ZDT (if applicable): _______________________________

Requestor Name: _______________________________

Reviewer Information of FCOI Request

Name: ______________________________________  Job Title: ______________________________________

Date of Review: _______________________________

Assessment

Does the request meet the below criteria to release the named Investigator or Senior/Key Personnel's significant financial interest (SFI) information? Check the appropriate box for each question below:

Question 1: Did the Investigator or Senior/Key Personnel disclose and still hold a significant financial interest?
   □ Yes. Continue  □ No. Stop. Criteria not met. Enter result in Determination section.

Question 2: Is the significant financial interest related to the federally sponsored research?
   □ Yes. Continue  □ No. Stop. Criteria not met. Enter result in Determination section.

Question 3: Does the significant financial interest constitute a financial conflict of interest?

Enter result in Determination section.

Determination

Based on the above assessment, is Addgene required to release the named Investigator or Senior/Key Personnel's SFI information to the requestor? Place an “X” next the appropriate response.

_____ Yes, all of the above criteria are met, and the required SFI information will be released to the requestor in the

_____ No, the above criteria are not met, and no SFI information will be released to the requestor.

Report

If you marked “Yes” above, create and complete a copy of FORM: Public FCOI report (adding or removing any additional boxes as necessary) and send it to the public requestor.

Recordation

Update the internal record as necessary.