

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?

☐ Yes. Criteria met.

☐ No. Criteria not met.

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.