

CALIFORNIA STATE UNIVERSITY LONG BEACH (CSULB)

DISCLOSURE SUPPLEMENT (PHS)

This form is to be completed by Principal Investigators and other Investigators who have reported a financial interest on Federal grants. Completion of this form is required in accordance with CSULB Executive Order. The information herein may be released or transmitted to the sponsor upon request, and per the Freedom of Information Act, may also be released to the public upon request.

Name of Investigator: _____

Title of Research Project: _____

Project Role and Responsibilities: _____

Name of Entity in which you have a financial interest: _____

1. Do you hold a management position such as board member, director, officer, partner, or trustee in the entity listed above?

No Yes Position(s): _____

If you are a CSULB faculty member and are a salaried employee of, or hold an executive or management position in the sponsor or entity listed above, please contact The Director of Research Integrity and Compliance to discuss any potential compensation conflicts.

2. Do you, your spouse, registered domestic partner, or dependent child have:

A. An investment of \$5000 or more in the sponsor or entity listed above?

No Yes Please specify type. Check all that apply: Stock Stock Options

6. Will you be supervising or assigning students, postdoctoral fellows, or
