

**STANFORD UNIVERSITY**  
**ANNUAL CERTIFICATION OF COMPLIANCE WITH THE FACULTY POLICY ON**  
**CONFLICT OF COMMITMENT AND INTEREST**  
**School of Medicine**  
**Calendar Year 2008**

Annual reporting on outside professional activities and certification of compliance is required of all members of the Academic Council and Medical Center Line (and certain other faculty) by Stanford's [Faculty Policy on Conflict of Commitment and Interest](#), Research Policy Handbook 4.1. These reports are considered to be confidential. In the School of Medicine, they will be reviewed by the cognizant Senior Associate Dean and designated senior administrator and Department Chairs, and may be reviewed by the Dean of Research and a designated senior administrator in that office, and by the Internal Audit Department and Office of the General Counsel.

Deadlines for the completion of this certification vary by school. The requested filing deadline for faculty in the School of Medicine is **4 May 2009**.

Name: \_\_\_\_\_ SUNet ID: \_\_\_\_\_

Reporting Period: These questions apply to activities throughout the 2008 calendar year.

**I. Appointment Information**

1. Were you working at Stanford full-time (1.0 FTE) this calendar year?  
 Yes    No (*If No, please indicate your percent time appointment*)  
 \_\_\_\_\_% actual appointment

**II. Presence on Campus**

Stanford's [Faculty Policy on Conflict of Commitment and Interest](#) states: "A full-time appointment conveys an obligation for a faculty member to have a significant physical presence on campus (main or overseas), to be accessible to students and staff, and to be available to interact with Stanford colleagues throughout every quarter during which he or she is on active duty, unless the department chair and/or school dean has granted specific prior approval for extended or frequent absences from campus."<sup>1</sup>

2. During any quarter of the past year during which you were on active duty at Stanford, did you have extended or frequent absences from campus which were not previously approved by your department chair and/or school dean?  
 Yes    No (*If Yes, please provide an explanation in the space below*)

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<sup>1</sup> Requirements for field research and other reasons for absence from campus differ across the University, and faculty are referred to their own department for additional guidance on extended or frequent absence.

**III. Limitations on Outside Professional Activities**

Consulting is defined as “professional activity related to your field or discipline, where a fee-for service or equivalent relationship with a third party exists.” This [definition](#) includes paid positions on Boards of Directors or Advisory Boards. Payment in this context includes shares, a partnership stake, or derivative interests such as stock options. It does not include: scholarly communications/publications; public or university service not undertaken for financial gain; or “moonlighting” in an endeavor unrelated to your academic field or discipline.

Stanford’s [Policy on Outside Consulting Activities by Members of the Academic Council](#) sets the maximum number of consulting days permissible for those on a full-time Stanford appointment at 13 days per academic quarter (the 13-day limit is adjusted for individuals holding part-time appointments).

**Please note that consulting activities, royalties, or equity in a publicly traded company of \$5,000 or more or any equity in a privately held company reported here will be displayed under 'Industry Relationships' on your CAP faculty profile website, which is also used by the Stanford Hospital and Clinics and the Lucile Packard Children’s Hospital in their *Find a Physician* directory.**

3. During this reporting period, did you do any consulting with companies or organizations outside Stanford (including work on a company Board of Directors and payment for educational activities, but excluding work for scholarly societies or the government, such as serving on NSF, NIH, or other sponsor agency review panels)? If so, please indicate the entities with which you consulted, the services you performed, your financial interests in the company, and the average number of days per quarter of time committed.

Yes  No

3a. Entity name: \_\_\_\_\_

- 3b. What was the nature of your activity with, personal financial interest in, or compensation from, the company or entity in which you are reporting a relationship?

Relationship/Activity (check all that apply)

Advisory Board (AB) membership

Service on Board of Directors (BoD)

Consulting (other than AB or BoD membership)

Medical/Legal Consulting/Expert Witness

Investment Company Advisor/Consultant

Payment for lectures or papers

Royalties for inventions or discoveries related to the company (in which you have the above relationship)

Stock, stock options, or other ownership interests in a **publicly traded** company (in which you have the above relationship)

Stock/stock options in a **privately-held** company (in which you have the above relationship)

Other (please describe) \_\_\_\_\_

- 3c. Was payment for your relationship/activity with this company \$5,000 or more?

Yes  No

- 3d. How many days per quarter did you spend in this activity? \_\_\_\_\_

**Duplicate this page and complete questions 3a - 3d for all entities with which you did consulting.**

Stanford's [Faculty Policy on Conflict of Commitment and Interest](#) states: "Because full-time faculty are expected to devote their primary energies and professional interests to their University obligations, they may not accept significant managerial responsibilities as part of their outside consulting activities."

3e. Did you have managerial responsibilities or a principal investigator (PI) role in an activity outside the University-- including executive roles in an outside organization (such as Chief Scientific Officer, Director of Research, etc.), but excluding managerial/PI roles at the Veterans Affairs Palo Alto Medical Center (VA) or the Howard Hughes Medical Institute (HHMI)?

Yes  No (If Yes, please provide an explanation in the space below)

Stanford's [Faculty Policy on Conflict of Commitment and Interest](#) states: "When any outside activity detracts from the conduct of University duties, a conflict of commitment will result. Even activities such as pro bono work, government service in the public interest, and any outside employment unrelated to the faculty member's University responsibilities (therefore not included as consulting ...), should be managed so they do not take precedence over a faculty member's primary commitment to the University."

3f. Did you have any other outside commitments, activities, or professional relationships which presented, or might appear to have presented, a conflict of commitment with your Stanford University appointment?

Yes  No (If Yes, please provide an explanation in the space below)

#### IV. Personal Financial Interests in Outside Entities

Stanford's [Faculty Policy on Conflict of Commitment and Interest](#) states: "A Conflict of Interest occurs when there is a divergence between an individual's private interests and his or her professional obligations to the University such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by considerations of personal gain, financial or otherwise. A Conflict of Interest depends on the situation, and not on the character or actions of the individual."

The question below asks about certain *regularly-encountered situations* where Stanford faculty or members of their immediate family have a financial relationship with or financial interest in organizations or third-party entities.

4. During the current reporting period, did you (or your spouse or domestic partner or members of your immediate family, such as dependent children) have an employment, consulting, or other financial relationship with, or ownership or equity interest in, any company or organization or third-party which is engaged in any of the following types of activities?

The entity:

- *sponsors research* at Stanford in which you are directly involved
- has *products or research interests* which could reasonably appear to be related to your Stanford research
- has *made gifts* to Stanford which benefit you or your research or teaching
- licenses Stanford *Intellectual Property* in which you have an interest as an inventor
- produces or markets *distance learning services* or materials in which you have an interest
- has entered into a *Materials Transfer Agreement (MTA)* in which you are directly involved
- *sells goods or services* to Stanford which are used in your research or teaching

Yes  No (If Yes, please supply the following additional information for each company or organization or third party with which you had a financial relationship or in which you had a financial interest) (If No, please go to item 5)

4a. Name of company or organization or third-party entity with which you or your family had a financial relationship or interest:

\_\_\_\_\_

4b. Type(s) of relationships this entity has with Stanford and/or with you: *(check all that apply)*

- the entity sponsors research, not involving human or animal subjects, in which you are directly involved
- the entity sponsors Human Subjects research in which you are directly involved
- the entity sponsors Animal Subjects research in which you are directly involved
- the entity has *products or research interests* which could reasonably appear to be related to your Stanford research
- the entity has *made gifts* to Stanford which benefit you or your research or teaching
- the entity makes a device or product that is being used in pre-clinical research in which you are involved
- the entity licenses Stanford Intellectual Property in which you have an interest
- the entity produces or markets distance learning services or materials in which you have an interest
- the entity has entered into a Materials Transfer Agreement (MTA) in which you have an interest
- the entity sells goods or services to Stanford that are used in your research or teaching

4c. Nature of your (or your family's) financial relationship with this entity and the approximate dollar range of your total remuneration for each type of relationship:

Type of Relationship <i>(check all that apply)</i>	Approximate Amount of Remuneration <i>(check one)</i>			
	<\$10,000	\$10,000-\$50,000	\$50,000-100,000	>\$100,000
_____ Consulting or other employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Receipt of payment, including honoraria, for commissioned papers or lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Any current or pending equity ownership (including shares, partnership stake, or derivative interests such as stock options) if this a privately held company, e.g., a start-up				
_____ Any current or pending equity ownership if this a company which supports human subjects research in which you are directly involved				
_____ Current or pending equity ownership in a publicly-held company with value amounting to at least (i) \$10,000 or (ii) one-half percent (0.5%) of that entity's equity (unless the ownership interest is managed by a third party such as a mutual fund)				
_____ Receipt of royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Receipt of payment for service on Board of Directors or Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Other type of relationship (please describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4d. Have you previously disclosed this relationship in a *formal ad hoc disclosure* to your cognizant department chair or dean's office?
- Yes  No
- 4e. Are you an investigator (either principal investigator or co-investigator) of a study involving human subjects in which the company or organization named above is:
- supporting tests of one of your inventions; **or**
  - licensed to use one of your inventions; **or**
  - testing one of its products for regulatory approval or other purposes?
- Yes  No (*If Yes, please contact your cognizant dean's office immediately unless you have already filed an ad hoc disclosure about this relationship*)
- 4f. Have you referred to another faculty member in your department who reports to you (i) any clinical testing of a therapy or device developed by the entity named above, or (ii) clinical research sponsored by this entity?
- Yes  No (*If Yes, please contact your cognizant dean's office immediately unless you have already filed an ad hoc disclosure about this relationship*)

***Duplicate pages 4 and 5, and complete questions 4a -4 f for all entities with which you or your family had a financial relationship or interest.***

- 4g. Did you apply for or receive funding from either the National Institutes of Health (or any other branch of the Public Health Service) or the National Science Foundation during the current reporting period?

Yes  No

**V. Intellectual Property Policy**

5. During the current reporting period, did you create, discover, or reduce to practice an invention(s) using University resources to which title has not been assigned to the University?

Yes  No *(If Yes, please describe and explain in the space below)*

**VI. Free and Open Exchange of Research Results Policy**

6. During the current reporting period, have you personally entered into any agreement that restricted your ability (or that of your colleagues, students, postdoctoral scholars, or staff) to engage in the free and open exchange of the results of Stanford scholarly or research activities? This excludes agreements that were reviewed by the Office of Sponsored Research, the Industrial Contracts Office, or other appropriate university offices. For example, did you as an individual sign a non-disclosure agreement that included such terms?

Yes  No *(If Yes, please explain in the space below)*

**VII. Policy Regarding Use of University Resources**

- 7a. During the current reporting period, have you used any Stanford University resources, including facilities, personnel, equipment, or confidential information, except in a purely incidental way, as part of your outside professional activities or for any other non-University purpose?

Yes  No *(If Yes, please explain in the space below)*

- 7b. During the current reporting period, have any of your students or staff been involved in your outside consulting or *pro bono* activities?

Yes  No

- 7c. If Yes, was this arrangement prospectively approved by the department chair?

Yes  No *(If No, please explain in the space below)*

**VIII. SoM Policy Regarding Pharmaceuticals or Medical Devices**

8. Within the current reporting period, did you (or your spouse or domestic partner or your dependent children) have a financial relationship with a company, entity, or third party that produces, manufactures, or distributes a medical device, implant, pharmaceutical or other medical care-related product that you recommend or prescribe to your patients? Financial relationship for the purpose of this question includes consulting fees, advisory board payments, product evaluation payments, royalties, intellectual property rights, honoraria, ownership interest (stock, stock options, or other ownership interest, **excluding diversified mutual funds**), educational payments, gifts, or other financial benefits.

Yes  No (If Yes, please provide the following information about each company, entity or third party)

8a. Entity name: \_\_\_\_\_

8b. What was the nature of your personal financial interest in, or compensation from, the company or entity or third party (or that of your spouse, domestic partner, or dependent children)?

Relationship/Activity (check all that apply)	Approximate Amount of Remuneration (check one)			
	<\$10,000	\$10,000-\$25,000	\$25,000-50,000	>\$50,000
____ Advisory Board (AB) membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Service on Board of Directors (BoD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Consulting (other than AB or BoD membership)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Executive or other employee position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Payment for lectures or papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Royalties for inventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Stock, stock options, or other ownership interests (excluding mutual funds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Payment for product evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
____ Other (please describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8c. What activities that are related to your financial interest or relationship with this company did you engage in? (check all that apply)

- \_\_\_\_ Prescribing pharmaceuticals for FDA-approved indications
- \_\_\_\_ Prescribing pharmaceuticals for non-FDA approved indications
- \_\_\_\_ Using a medical device or implant
- \_\_\_\_ Referring patients to a specific health care facility
- \_\_\_\_ Product evaluation
- \_\_\_\_ Other-(please describe)  
\_\_\_\_\_

8d. In what other activities, if any, were you involved that were supported by the company? (check all that apply)

- \_\_\_\_ Clinical research (i.e., involving human subjects)
- \_\_\_\_ Non-clinical research
- \_\_\_\_ Support of trainees (students, fellows or post-docs)
- \_\_\_\_ Educational activities for CME
- \_\_\_\_ Educational activities, non-CME
- \_\_\_\_ Other (please describe)  
\_\_\_\_\_

**Duplicate this page and complete questions 8a - 8d for all entities with which you or your family had a financial relationship or interest and which produces, manufactures, or distributes a medical device, implant, pharmaceutical or other medical care-related product that you recommend or prescribe to your patients.**

**Certification**

I agree to abide by Stanford University's [Faculty Policy on Conflict of Commitment and Interest](#). In submitting this form, I certify that the information provided is true to the best of my knowledge. I supply this information for confidential review by Stanford University and agreeing that certain Information will be displayed, as described at the beginning of this form, under 'Industry Relationships' on my CAP faculty profile website, and for such other limited purposes as are required by law, regulation, or contract. I understand and agree that if, during the course of this current year, situations arise which raise questions of conflict of commitment or interest, I must promptly disclose those to my department chair or school dean on an ad hoc basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_