

ANNUAL CERTIFICATION OF COMPLIANCE WITH THE FACULTY POLICY ON  
CONFLICT OF COMMITMENT AND INTEREST

School of Medicine

Calendar Year 2010

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.

The deadline for the completion of this certification for all faculty is **April 29, 2011**.

These questions apply to activities throughout the 2010 calendar year.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sunet Id: \_\_\_\_\_

**I. Appointment Information**

1a. Were you working at Stanford full-time (1.0 FTE) in the 2010 calendar year?

- Yes  
 No

If no, enter percentage FTE: \_\_\_\_\_

**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."

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 provided:

## Outside Professional Activities Certification Form

### 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 payment for talks, 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.

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.

3a. During this reporting period, did you do any consulting for, or receive payment from companies or organizations outside Stanford (excluding work for scholarly societies or the government, such as serving on NSF, NIH, or other sponsor agency review panels)?

- Yes  
 No

If Yes, you will be asked to indicate the services you performed, your financial interests in the entity, and the average number of days per quarter of time committed.

If you did consulting with more than one entity, you will be able to enter information for each entity on subsequent pages.

If no skip to question 3g.

### III. Limitations on Outside Professional Activities

Please answer the following questions about your financial relationship with the entity by listing the name here:

\_\_\_\_\_

### III. Limitations on Outside Professional Activities

Please answer the following questions about your financial interest or compensation from b.

3b. What was the nature of your activity with, personal financial interest in, or compensation from, the company or entity (or that of your immediate family)?

- 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 CME Educational activities  
 Payment for non-CME Educational activities  
 Payment for papers written in whole or in part by a commercial entity (ghostwriting)  
 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 or stock options in a **privately-held company** (in which you have the above relationship)  
 Other (please describe in the space below)

### III. Limitations on Outside Professional Activities

3d If you entered into a consulting or non-disclosure agreement with this commercial entity, did you provide a copy of the *Stanford University Requirements for Faculty Consulting Activities and Agreements* in this entity? (<http://rph.stanford.edu/4-3A.html>)

- Yes  
 No

If no, a copy of this summary of Stanford policy should be provided to this entity [http://rph.stanford.edu/docs/consulting\\_requirements.pdf](http://rph.stanford.edu/docs/consulting_requirements.pdf)

## Outside Professional Activities Certification Form

### III. Limitations on Outside Professional Activities

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

- Yes  
 No

3f. How many days per quarter did you spend in this activity?

if you answered yes to 3b on page 2 for non-CME education activities please answer below. If no, please continue to 3g.

### III. Limitations on Outside Professional Activities

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3c. Payment for Non-CME educational activities

- I controlled the topic, content, and all materials (NO materials were provided by sponsor or its agent)  
 Industry sponsor or its agent had partial or complete control of topic, content and/or materials

### III. Limitations on Outside Professional Activities

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3a. Do you have another consulting relationship to report?

- Yes  
 No

If Yes, please enter the entity's name:

If no, please skip to question 3h.

If yes, please print pages 2 & 3 for each relationship. Write the entity name above 3b. Answer questions 3b-3f for each entity.

### III. Limitations on Outside Professional Activities

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Stanford's **Faculty Policy on Conflict of Commitment and Interest** states that full-time faculty are expected to devote their primary energies and professional interests to their University obligations, may not accept managerial responsibilities as part of their outside consulting activities.

3g. 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 provided:

## Outside Professional Activities Certification Form

### III. Limitations on Outside Professional Activities

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."

3h. 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 provided:

## Outside Professional Activities Certification Form

### 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 dependent children) have an employment, consulting, or other financial relationship with, or ownership/equity interest in, any company, organization or third-party which intersects with any of the following types of activities in which you are involved?

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 enter the entity's name:

*Note: If you have a financial relationship or interest with more than one entity, you will be able to enter information for each entity on subsequent pages.*

**Outside Professional Activities Certification Form**

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

Please answer the following questions about your financial relationship or interest in : enter the entity's name here \_\_\_\_\_.

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
- the entity sells goods or services to Stanford that are used in your teaching

4c. Nature of your (or your family's) financial relationship with this entity and the approximate dollar range of your total remuneration during the current reporting period (respond to all that apply):

Type of Relationship	Ownership	
	Yes	No
Any current or pending equity ownership (including shares, partnership stake or derivative interests such as stock options) if this is a privately held company, e.g. a start-up	<input type="checkbox"/>	<input type="checkbox"/>
Any current or pending equity ownership if this is a company which supports human subjects research in which you are directly involved	<input type="checkbox"/>	<input type="checkbox"/>
Any current or pending equity ownership in the publicly-held company with value amounting to at least (i) \$10,000 or (ii) one-half percent (0.5%) or that entity's equity (unless the ownership interest is managed by a third party such as a mutual fund)	<input type="checkbox"/>	<input type="checkbox"/>

  

Type of Relationship	Compensation				
	<\$10,000	\$10,000-\$25,000	\$25,000-\$50,000	\$50,000-100,000	>\$100,000
Consulting or other employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Receipt of royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt of payment for service on Board or Directors or Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other type of relationship (please describe in the space below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Outside Professional Activities Certification Form

4e. Are you an investigator on a study involving human subjects in which a 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

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

### IV. Personal Financial Interests in Outside Entities

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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

Did you enter into another relationship? If so please print out questions 4b-4g and fill out for each entity. If no, continue to #5.

### V. Intellectual Property Policy

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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 provide an explanation in the space provided:

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

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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 consulting or non-disclosure agreement that included such terms?

- Yes  
 No

If Yes, please provide an explanation in the space provided:

## Outside Professional Activities Certification Form

### 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 provide an explanation in the space provided:

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

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

8. Within the current reporting period, did you (or your spouse, domestic partner or 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 enter the entity's name:

*Note: If you have a financial relationship with more than one entity, you will be able to enter information for each entity on subsequent pages.*

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

Please answer the following questions about your financial relationship with by listing the name here: \_\_\_\_\_.

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	Compensation				
	<\$10,000	\$10,000-\$50,000	\$50,000	\$100,000	>\$100,000
Advisory Board (AB) membership	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Consulting (other than AB or BOD membership)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Payment for lectures or papers	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
Payment for product evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Outside Professional Activities Certification Form

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 in the space below)

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 in the space below)

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

8a. Do you have a financial relationship in another entity to report?

- Yes
- No

If Yes, please enter the entity's name:

If yes, please answer questions 8-8d for *each* entity. Print out pages 7 & 8 to fill in for each one. Make sure to list the entity's name above 8b.

If no, sign below and submit.

## Outside Professional Activities Certification Form

### 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.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Sunet Id: \_\_\_\_\_ Date: \_\_\_\_\_

Submit your signed document to Barbara Flynn, Manager, Conflict of Interest Review Program [bflynn@stanford.edu](mailto:bflynn@stanford.edu)