

**NATIONAL JEWISH HEALTH  
CONFLICT OF INTEREST DECLARATION**

This 2012 COI Declaration covers activities between Jan. 1, 2012 and Dec. 31, 2012.

Please carefully read and complete the following form in its entirety on at least an annual basis or whenever a potential **Conflict of Interest** situation arises. Click on "Save as Draft" if you plan to complete the form later.

**Last Name:**

**First Name:**

**Title:**

**Department:**

**Employee #:**

**Entry Date:**

**I. External Professional Activities in Calendar Year 2012**

- A. While employed by or affiliated with National Jewish Health, did you spend time **working** on behalf of any entity outside of National Jewish Health, either paid or unpaid? Click [here](#) for examples.  Yes  No

If "Yes", please identify each entity by completing the table(s) below; otherwise, [skip to Question B.](#)

2012 Entity Name 1	
What is the nature of the entity's business?	<input type="checkbox"/> Pharmaceutical Manufacturer <input type="checkbox"/> Professional Education Business <input type="checkbox"/> Device Manufacturer <input type="checkbox"/> Consulting Firm <input type="checkbox"/> Health Care Organization <input type="checkbox"/> Biotech Company <input type="checkbox"/> Educational Institution <input type="checkbox"/> Other
If "Other", please describe	
Is the entity for-profit?	<input type="radio"/> Yes <input type="radio"/> No
Income received from this entity	
Reimbursed expenses paid to you or on your behalf for travel, lodging and meals	<input type="checkbox"/> None <input type="checkbox"/> Up to \$1000 <input type="checkbox"/> \$1001 - \$5000 <input type="checkbox"/> \$5001 - \$10,000 <input type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - More
Is total income plus expenses paid on your behalf more than \$5,000?	<input type="radio"/> Yes <input type="radio"/> No
Royalties from this entity	<input type="checkbox"/> None <input type="checkbox"/> Up to \$1000

	<input type="checkbox"/> \$1001 - \$5000 <input type="checkbox"/> \$5001 - \$10,000 <input type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - More
Do you own stock, have stock options, stock warrants, partnership interest, or any other form of ownership in this entity, other than through a mutual fund? If No, skip the next 2 questions.	<input type="radio"/> Yes <input type="radio"/> No
.....Your <b>equity</b> in this entity	<input type="checkbox"/> None <input type="checkbox"/> Up to \$1000 <input type="checkbox"/> \$1001 - \$5000 <input type="checkbox"/> \$5001 - \$10,000 <input type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - More
.....Is your equity over 5% of the entity's total equity?	<input type="radio"/> Yes <input type="radio"/> No
How many days did you work for this entity, including travel time?	
What was the nature of your services? Check all that apply.	<input type="checkbox"/> Speaking <input type="checkbox"/> Consulting <input type="checkbox"/> Expert Witness <input type="checkbox"/> Clinical Work <input type="checkbox"/> Advisory Board <input type="checkbox"/> Board Membership <input type="checkbox"/> Other
If "Other", please describe	
Did you perform research or receive grant support from or on behalf of this entity?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
Did you influence National Jewish's purchase or utilization of goods or services from this entity?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
Did you prescribe drugs or devices manufactured by this entity?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
Does this entity do business with National Jewish Health?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
Does this entity refer business to National Jewish Health?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
Is this entity currently negotiating to do business with National Jewish Health?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
Do you feel this activity creates a <b>Conflict of Interest</b> ?	<input type="radio"/> Yes <input type="radio"/> No
Comments	

B. Did any member of your **Immediate Family** work for an entity that does business with National Jewish Health in a capacity in which they could influence or benefit from the business?

Yes  No

If "Yes", please identify the family members and entities in the table below; otherwise, skip to Section II.

Family Member	Name of Entity	Income Amount	Nature of Work
<input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> None <input type="checkbox"/> Up to \$1000 <input type="checkbox"/> \$1001 - \$5000 <input type="checkbox"/> \$5001 - \$10,000 <input type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - More	
<input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> None <input type="checkbox"/> Up to \$1000 <input type="checkbox"/> \$1001 - \$5000 <input type="checkbox"/> \$5001 - \$10,000 <input type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - More	
<input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> None <input type="checkbox"/> Up to \$1000 <input type="checkbox"/> \$1001 - \$5000 <input type="checkbox"/> \$5001 - \$10,000 <input type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - More	
<input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> None <input type="checkbox"/> Up to \$1000 <input type="checkbox"/> \$1001 - \$5000 <input type="checkbox"/> \$5001 - \$10,000 <input type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - More	
<input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> None <input type="checkbox"/> Up to \$1000 <input type="checkbox"/> \$1001 - \$5000 <input type="checkbox"/> \$5001 - \$10,000 <input type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - More	

Comments/Explanation:

## II. Financial Interest in Calendar Year 2012

Did you or a member of your **Immediate Family** receive anything of monetary value from, or have a **Financial Interest** in, an entity that is doing any of the following (other than what is disclosed in Section I above)?

- A. Conducting business with National Jewish Health  Yes  No
- B. Sponsoring, directly or indirectly, research or programs at National Jewish Health  Yes  No
- C. Competing with National Jewish Health or performing healthcare, research or educational activities  Yes  No
- D. Is a supplier or vendor of products or services to National Jewish Health or its patients, or is a referral consultant to National Jewish Health  Yes  No
- E. Negotiating with National Jewish Health for any purpose  Yes  No

If the answer to any question in Section II is "Yes", provide the following information for each unique "Yes" answer.

Family Member	Name of Entity	Total Value	If Equity, Equity Pct
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Up to \$1000 <input type="checkbox"/> \$1001 - \$5000 <input type="checkbox"/> \$5001 - \$10,000 <input type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - More	<input type="checkbox"/> Under 1% <input type="checkbox"/> 1% - 5% <input type="checkbox"/> Over 5% <input type="checkbox"/> None
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Up to \$1000 <input type="checkbox"/> \$1001 - \$5000 <input type="checkbox"/> \$5001 - \$10,000 <input type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - More	<input type="checkbox"/> Under 1% <input type="checkbox"/> 1% - 5% <input type="checkbox"/> Over 5% <input type="checkbox"/> None
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Up to \$1000 <input type="checkbox"/> \$1001 - \$5000 <input type="checkbox"/> \$5001 - \$10,000 <input type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - More	<input type="checkbox"/> Under 1% <input type="checkbox"/> 1% - 5% <input type="checkbox"/> Over 5% <input type="checkbox"/> None
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		<input type="checkbox"/> Up to \$1000 <input type="checkbox"/> \$1001 - \$5000 <input type="checkbox"/> \$5001 - \$10,000 <input type="checkbox"/> \$10,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - More	<input type="checkbox"/> Under 1% <input type="checkbox"/> 1% - 5% <input type="checkbox"/> Over 5% <input type="checkbox"/> None

<input type="checkbox"/> Self	<input type="checkbox"/> Up to \$1000	<input type="checkbox"/> Under 1%
<input type="checkbox"/> Spouse	<input type="checkbox"/> \$1001 - \$5000	<input type="checkbox"/> 1% - 5%
<input type="checkbox"/> Significant Other	<input type="checkbox"/> \$5001 - \$10,000	<input type="checkbox"/> Over 5%
<input type="checkbox"/> Child	<input type="checkbox"/> \$10,001 - \$50,000	<input type="checkbox"/> None
<input type="checkbox"/> Parent	<input type="checkbox"/> \$50,001 - \$100,000	
<input type="checkbox"/> Sibling	<input type="checkbox"/> \$100,001 - More	
<input type="checkbox"/> Other		

### III. Research Responsibilities in Calendar Year 2012

Did you conduct or participate in, directly or indirectly, research activities at National Jewish Health?  Yes  No

If "No", skip to Section IV.

- A. Did you receive research support from an entity that does other business with National Jewish Health such as providing products or equipment?  Yes  No
- B. Did you receive research support from an entity that has licensed any intellectual property from National Jewish Health?  Yes  No
- C. Did you receive research support from an entity that is related to a patent that you hold or is pending?  Yes  No

If the answer to question A, B or C is "Yes", describe the nature of the relationship.

### IV. Teaching Responsibilities in Calendar Year 2012

Did you have teaching responsibilities at National Jewish Health?  Yes  No

If "No", skip to Section V.

- A. Did you have students, fellows and/or other trainees involved in activities in which you have an interest or for which you have performed services?  Yes  No

If "Yes", describe in detail the role of the students, fellows and/or other trainees involved in the research.

### V. Clinical Responsibilities in Calendar Year 2012

Were you involved in the clinical practice at National Jewish Health?  Yes  No

If "No", skip to Section VI.

- A. Did you prescribe drugs or devices manufactured by an entity in which you have a Financial Interest?  Yes  No
- B. Did you prescribe drugs or devices manufactured by an entity in which you have a relationship surrounding a patent or pending patent?  Yes  No

If the answer to question A or B is "Yes", please explain (unless disclosed in Section I or II above).

**VI. Relationships with Tobacco Companies in Calendar Year 2012**

Did you have any Consulting arrangements, board service, advisory role, speaking relationship, research support and/or any other relationship with a tobacco company?  Yes  No

**VII. Conflict of Interest Declaration for Calendar Year 2012**

Do you feel, based on the information provided above and/or for any other reason, that you have a Conflict of Interest?  Yes  No

If "Yes", please explain:

If "Yes", have you and do you inform your patients, research subjects, colleagues, students and/or fellows (as appropriate) of your Conflict of Interest?  Yes  No

**The section below is for completion by your Department Reviewer.**

Do you believe there is a Conflict of Interest?  Yes  No

If "Yes", what Management Plan would you recommend to handle this conflict?

**Department Reviewer:**

**Date:**

**The section below is for completion by the Chief Compliance Officer.**

Is there a Conflict of Interest?  Yes  No

If "Yes", is a Management Plan required?  Yes  No  N/A

Describe the required Management Plan:

Describe how the Management Plan was communicated to the employee.

**Chief Compliance Officer:**

**Date:**

## **Conflict of Interest Declaration 2012 - Definition of Terms**

### **Conflict of Interest**

The term "Conflicts of Interest" (COI) refers to situations in which financial, professional, or other personal considerations may compromise, or may have the appearance of compromising, an individual's professional judgment in exercising NJH duties and responsibilities. A COI arises when a Covered Individual or NJH has a direct or indirect interest in an organization doing business with NJH. Many types and degrees of interest may create a conflict, for example: Financial Interest in a vendor -- including employment with a vendor -- and/or the prospect of professional advancement or financial or business reward in any form.

### **Consulting**

The situation wherein a Covered Individual spends any time or effort in assisting, advising, and/or in any way facilitating the mission or enterprise of any kind of company, whether or not there is compensation or other considerations or whether or not the Consulting is done on the Covered Individual's own time.

### **Equity Interest**

Includes, but is not limited to, stock, stock options, warrants, and ownership rights in any entity whether or not the entity is publicly traded. An Equity Interest in a publicly traded corporation will not be considered a Financial Interest if the Equity Interest exists through ownership of shares in a publicly traded mutual fund. A Financial Interest of the Covered Individual's Immediate Family is considered to be a Financial Interest of the Covered Individual.

**Examples of Entities in Section I** include but are not limited to Pharmaceutical Manufacturer, Device Manufacturer, Health Care Organization, Educational Institution, Professional Education Business, Consulting Firm, Biotech Company and Non-Profit Organization.

### **Financial Interest**

Anything of financial or monetary value that is associated either directly or indirectly with an activity that is directly related to a Covered Individual's responsibilities to NJH. Financial or monetary value includes, but is not limited to compensation, consulting fees, honoraria, Equity Interest, intellectual property rights, royalties, gifts, gifts-in-kind, or forgiveness of debts. Certain economic benefits are excluded, including: salary, royalties, or other funding provided through NJH; income from academic activities, such as speaking, teaching engagements for non-profit entities; fees for participating in advisory roles for other non-profit entities; and direct grant support for the research project being undertaken. A Financial Interest of the Covered Individual's Immediate Family is considered to be a Financial Interest of the Covered Individual.

### **Immediate Family**

Includes the Covered Individual's spouse, children, parents and siblings, including the spouses of any of them

### **Management Plan**

A plan set forth by the Chief Compliance Officer, the Compliance Committee or Institutional Review Board (IRB) containing conditions that the Covered Individual must follow to ensure that the Conflict of Interest does not jeopardize the integrity of NJH.

**Work**

The term "Work" is defined as labor, paid or unpaid, in which you are operating in a capacity similar or related to your position at National Jewish and/or utilizing your knowledge and skills which you employ in your position at National Jewish, or in which you utilize your National Jewish credentials. Examples include consulting, speaking engagements, board membership, advisory councils and community health events.