

Personal Conflicts of Interest Policy
Sandia National Laboratories

Policy Statement

Sandia manages personal conflict of interest (PCI) to comply with laws, regulations, contract requirements, and business rules intended to protect U.S. economic and national security interests. Managing the risk that can arise from PCI requires employees to identify, understand, and mitigate actual, potential, and perceived conflicts.

PCI exists when outside interests, activities, or employment create an instance or appearance of any of the following: interference with effective job performance; modification or compromise of an employee's judgment or ability to put Sandia interests above personal interests (includes perception); or a business or personal reporting relationship that creates actual or perceived favoritism, or subjects Sandia or its customers and stakeholders to public criticism or embarrassment.

Guiding Principles

Sandia employees are expected to place the interests of Sandia over personal interests in matters relating to Sandia business and to avoid financial, business, or other transactions in which personal interests might conflict with, or be construed or perceived to conflict with, the interests of Sandia.

Work that Involves Public Health Services Funding and Associated Conflicts

- Before charging any Public Health Service (PHS)-funded project, complete PCI200, PHS Financial Conflict of Interest training in TEDS.
- Report PHS-related conflicts of interest by completing SF 4890-PHS, Personal Conflicts of Interests in Contracts Funded by Public Health Service Agencies—Investigator Disclosure Form when either of the following is true:
 - The employee is currently, or plans to be, a key person responsible for the design, conduct, or reporting of research funded by a PHS agency.
 - The employee is collaborating or consulting with, or plans to collaborate or consult with, individuals responsible for the design, conduct, or reporting of research on a PHS-funded contract.

Personal Conflicts of Interest in Contracts funded by Public Health Service Agencies – Investigator Disclosure Form

BACKGROUND AND REQUIREMENTS:

Prior to completing this form for the first time and every four years thereafter, you must complete PCI200 in the TEDS system.

At the time a proposal is submitted, Principal Investigators (PIs), Co-Principal Investigators (Co-PIs), Project Directors (PDs), and any other individuals with responsibility for design, conduct, or reporting of a project (“Investigators”) must disclose *Significant Financial Interests* of themselves, their spouse, and dependent child(ren) where that financial interest may be: 1) affected by the research being conducted or, 2) in any organization that would reasonably appear to be affected by or benefit from the research being conducted.

Significant Financial Interests (SFIs) are financial interests that appear to be related to any Investigator’s Institutional responsibilities **including**:

- For any publicly traded company, a SFI exists where the Investigator has received any salary or remuneration for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship) within the twelve month period preceding the disclosure or has any equity interest in the entity as of the date of disclosure (equity interest includes any stock, stock option, or other ownership interest), aggregating over \$5,000;
- For any non-publicly traded company, an SFI exists if the value of any remuneration received from the company exceeds \$5,000, or if the Investigator (or spouse or dependent children) holds *any* equity interest in the company;
- If the Investigator receives income related to intellectual property rights and interests (e.g., patents or copyrights), an SFI exists;
- For any reimbursed or sponsored travel (paid on behalf of the Investigator and not reimbursed to the Investigator), an SFI exists where the travel is related to their responsibilities but paid by an entity other than:
 - A federal, state or local government agency;
 - An institution of higher learning (as defined in 20 U.S.C. 1001(a));
 - An academic teaching hospital (e.g., UNMH);
 - A medical center; or
 - A research institute affiliated with an Institution of higher education.
- **SFI does not include:**
 - Remuneration by the Institution, including intellectual property rights agreements or royalties;

- Income from investment vehicles such as mutual funds or retirement accounts (as long as the Investigator does not directly control the investment decisions made).

This requirement applies to proposals to the Public Health Service (PHS) (including the National Institutes of Health (NIH)), the Center for Disease Control (CDC), the Food and Drug Administration (FDA), and the National Science Foundation (NSF), and any other entity that adopts the federal requirements.

Disclosure is required at the time a new proposal is submitted and whenever there is a disclosable change in the SFI of an Investigator, spouse, or dependent child(ren), as defined above.

The information provided on this form may, under federal regulations, be released to sponsoring agency personnel or members of the public. The purpose of collecting this information is to comply with federal regulations related to Sponsored Projects. Complete one form for each Entity in which you have a financial interest.

This Public Health Service (PHS) Funding Conflict of Interest Disclosure Form will be retained by Sandia National Laboratories for a period of three (3) years after termination of sponsored project.

For More information, see the Corporate Policy [IAEB002, Personal Conflicts of Interest Policy](#), for the Policy on Personal Conflicts of Interest in Contracts funded by Public Health Service Agencies.

THIS SUBMITTAL is for a: New Disclosure Updated Disclosure

Name:		
Sandia National Laboratories Organization Number:		
Principal Investigator Name (if different):		
Proposal/Project Title:		
Award Number (if Updated Disclosure):		
Proposal Type (please check one):	<input type="checkbox"/>	National Institute of Health (NIH)
	<input type="checkbox"/>	Centers for Disease Control (CDC)
	<input type="checkbox"/>	Food and Drug Administration (FDA)
	<input type="checkbox"/>	National Science Foundation (NSF)
		Other PHS Agency: _____

All Employees must answer the following questions:

1. Do you, your spouse, or dependent child(ren) own any equity interest in a non-publicly traded company whose financial interests would reasonably be affected by the research?

NO

YES

2. Have you, your spouse, or dependent child(ren) received over \$5,000 in any salary or payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship) within the twelve month period preceding this disclosure or have any equity interest as of the date of disclosure (equity interest includes any stock, stock option, or other ownership interest), aggregating over \$5,000, from an Entity that would (i) reasonably appear to be affected by the research for which funding is sought or, (ii) are in the sponsor of the research or (iii) are in entities whose financial interests would reasonably be affected by the research?

NO

YES

3. Do you, your spouse, or dependent child(ren) have any other Significant Financial Interest(s) (see the definition above) in an Entity that would (i) reasonably appear to be affected by the research for which funding is sought or, (ii) are in the sponsor of the research or (iii) are in entities whose financial interests would reasonably be affected by the research?

NO

YES

4. Do you, your spouse, or dependent child(ren) have any Significant Financial Interest(s) stemming from compensation from seminars, lectures, teaching engagements, honoraria, or service on advisory committees or review panels?

NO

YES Explain:

If you answered NO to questions 1-4, please sign this form (on the last page) and submit the form to the appropriate manager.

If you answered YES to any of the above questions, please *answer the following questions for each entity in which you have SFIs* (attach separate sheet(s) as needed), sign the certification on the last page and submit the form to the appropriate manager.

ENTITY 1:

Name of the Entity:	
Principal Business of Entity:	

1. If you, your spouse, or dependent child(ren) hold a position of management with this Entity, state the position title, describe the responsibilities of the position and explain any relationship to this project:

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2. If you, your spouse, or dependent child(ren) have equity interest in excess of \$5,000 (if the Entity is publicly traded) or **any** equity interest in a non-publicly traded Entity, state the value, type of equity (stock, securities, etc.), and percentage of ownership.

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3. If you, your spouse, or dependent child(ren) have received income (salary and/or any other form of remuneration) in excess of \$5,000 from the Entity in the past twelve months, describe the nature of the income and explain any relationship to this project.

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4. Have you, your spouse, or dependent child(ren) assigned to the Entity rights to a pending application or issued patent to an invention(s), license rights, or copyright for software (do not include Sandia National Laboratories-held rights)?

NO

YES

5. If this proposal includes the Entity as a subcontractor, consortium member, supplier of goods, lessor or otherwise involved in the project, explain and describe.

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6. If the Entity might manufacture or commercialize any drug, vaccine, device, product, procedure, or process that is associated with or that will predictably result from the project, explain and describe.
7. If the Entity could be reasonably expected to be directly and significantly affected by the design, conduct, or reporting of the activity proposed, explain and describe.
8. Is it reasonable to anticipate that your financial interest could be directly and significantly affected by the design, conduct, or reporting of the activity proposed?
<input type="checkbox"/> NO. Explain: <input type="checkbox"/> YES. Explain:
9. Additional Comments. (Attach separate sheet if necessary.)

ENTITY 2 (if applicable):

Name of the Entity:	
Principal Business of Entity:	
1. If you, your spouse, or dependent child(ren) hold a position of management with this Entity, state the position title, describe the responsibilities of the position and explain any relationship to this project:	
2. If you, your spouse, or dependent child(ren) have equity interest in excess of \$5,000 (if the Entity is publicly traded) or any equity interest in a non-publicly traded Entity, state the value, type of equity (stock, securities, etc.), and percentage of ownership.	
3. If you, your spouse, or dependent child(ren) have received income (salary and/or any other form of remuneration) in excess of \$5,000 from the Entity in the past twelve months, describe the nature of the income and explain any relationship to this project.	
4. Have you, your spouse, or dependent child(ren) assigned to the Entity rights to a pending application or issued patent to an invention(s), license rights, or copyright for software (do not include Sandia National Laboratories-held rights)?	

<input type="checkbox"/> NO	<input type="checkbox"/> YES
5. If this proposal includes the Entity as a subcontractor, consortium member, supplier of goods, lessor or otherwise involved in the project, explain and describe.	
6. If the Entity might manufacture or commercialize any drug, vaccine, device, product, procedure, or process that is associated with or that will predictably result from the project, explain and describe.	
7. If the Entity could be reasonably expected to be directly and significantly affected by the design, conduct, or reporting of the activity proposed, explain and describe.	
8. Is it reasonable to anticipate that your financial interest could be directly and significantly affected by the design, conduct, or reporting of the activity proposed?	
<input type="checkbox"/> NO. Explain:	<input type="checkbox"/> YES. Explain:
9. Additional Comments. (Attach separate sheet if necessary.)	

Certification by individual filing disclosure

I certify that this is a complete disclosure of all of my Significant Financial Interests for any PHS-funded contracts I am working on or foresee submitting a proposal to work on.

Signature: _____ Date: _____

Send completed forms to Dan Jenkins, djenk@sandia.gov , 505-284-8579.