



Significant Financial Interest (SFI) Disclosure Form

This form is required to be completed by each investigator pursuant to Life Adapt's Financial Conflict of Interest (FCOI) Policy available at <https://lifeadapt.com/fcoi/policy.html>.

Name: _____

Project Title: _____

Type of Disclosure: Initial Annual New SFI

1. Do you, your spouse, or your dependent children have a significant financial interest in a publicly traded entity that reasonably appears to be related to your Life Adapt responsibilities, where the value of any remuneration received from the entity in the twelve months preceding this disclosure and the value of any equity interest in the entity as of the date of disclosure, when aggregated, exceeds \$5,000?

No Yes

If Yes, for each entity, provide the following information below: name of the entity, nature of the interest, its value, and any documentation.

2. Do you, your spouse, or your dependent children have a significant financial interest in a non-publicly traded entity that reasonably appears to be related to your Life Adapt responsibilities, where the value of any remuneration received from the entity in the twelve months preceding this disclosure, when aggregated, exceeds \$5,000, or where you hold any equity interest in the entity?

No Yes

If Yes, for each entity, provide the following information below: name of the entity, nature of the interest, its value, and any documentation.

3. Have you, your spouse, or your dependent children received income related to intellectual property rights and interests that reasonably appear to be related to your Life Adapt responsibilities, where the value of any income received from such rights and interests in the twelve months preceding this disclosure, when aggregated, exceeds \$5,000?

No Yes

If Yes, for each intellectual property (IP) right or interest, provide the following information below: description of IP, nature of the right or interest, its value, and any documentation.

4. Have you engaged in any reimbursed or sponsored travel related to your Life Adapt responsibilities, where the aggregated value of the travel in the twelve months preceding the disclosure exceeds \$5,000; not including travel that is reimbursed or sponsored by a Federal, state, or local government agency located in the U.S, a U.S. Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with a U.S. Institution of higher education?

No Yes

If Yes, for each trip, provide the following information below: purpose of the trip, identity of the sponsor/organizer, destination, and duration.

By signing below, I certify that:

1. I have read, understand, and will comply with the Life Adapt FCOI Policy available at <https://lifeadapt.com/fcoi/policy.html>.
2. To the best of my knowledge, I have disclosed all significant financial interests related to my Life Adapt responsibilities.

Signature _____

Date _____

Submit this form to the FCOI Policy Coordinator at compliance@lifeadapt.com.