

YOUR LAST NAME:

REPORTING DATES: FROM

TO

Report of External Professional Activities - REPA

CHECK BOX FOR ALL QUESTIONS EVEN IF THE ANSWER IS 'NONE'

1. Please list below the name of each business, non-profit or other entity (association, society, etc.) in which you, your spouse or domestic partner, or any dependent child of yours holds an **executive position in a business or membership on a governing board of directors** (includes boards of trustees, scientific advisory boards, or medical advisory boards). Disclosures must include current relationships, those that occurred in the previous year, and those that can reasonably be expected in the next 12 months. (Attach additional sheets, identified by question number, if necessary.)

Check box if your response to this question is "none."

2. Please list below the name of each business entity, organized for profit, non-profit, or charitable purposes, in which you, your spouse or domestic partner, or any dependent child of yours has a **financial interest**. All equity interests, whether publically or non-publically traded, including stock, stock options, and other ownership interests, and intellectual property rights and interests (e.g. patents, copyrights, licenses) must be reported. You should disclose current financial interests, those that occurred in the previous year and those that can reasonably be expected in the next 12 months. You need not disclose interests in mutual funds, pensions, or other institutional investment funds whose investment policies are beyond your control. (Attach additional sheets, identified by question number, if necessary.)

Check box if your response to this question is "none."

Name of Business Organization

Financial Range

- 1.
- 2.
- 3.
- 4.

3. Please describe any **consulting arrangements or other agreements to provide services** for which you, your spouse or domestic partner or any dependent children of yours, has received or expect to receive compensation (e.g. salary, consulting fees, honoraria, paid authorship). You may exclude salary reimbursements made through the institution, income from activities such as review panels sponsored by governmental agencies, grants and contracts held by HHRI, and travel paid as part of a research project. (Attach additional sheets, identified by question number, if necessary.)

Check box if your response to this question is "none."

Name of Business Organization

Type of Arrangement

Relation

Financial Range

- 1.
- 2.
- 3.
- 4.

4. Investigators must also disclose the occurrence of any travel expenses reimbursed directly or on your behalf (if paid directly to a service provider or vendor) that was not a part of an HHRI Research Project. Disclosure must include current arrangements, those that occurred in the previous year and those that can reasonably be expected in the next 12 months.

<u>Sponsor</u>	<u>Trip Purpose</u>	<u>Destination</u>	<u>Travel Dates</u>	<u>Value *</u>
1.				
2.				
3.				
4.				

* estimate if paid directly and exact monetary value is not available

5. Please describe any arrangements under which you, your spouse or domestic partner, or any dependent child of yours has received **personal payments (other than consulting fees), gifts or other benefits including loans or services from a business entity**. Disclosure must include current arrangements, those that occurred in the previous year and those that can reasonably be expected in the next 12 months. (Attach additional sheets, identified by question number, if necessary.)

Check box if your response to this question is “none.”

<u>Name of Organization</u>	<u>Type of Arrangement</u>	<u>Relation</u>	<u>Financial Range</u>
1.			
2.			
3.			
4.			

6. You may use the space below to report and describe any relationships that fall outside HHRI’s reporting guidelines, such as those of a non-business or non-financial nature (e.g. close friend, immediate or extended family member) that may create a conflict of interest or that might influence the way institutional resources are allocated.

Note: all of the informational fields below are required.

Email:

Date:

Signature:

Phone:

Please return via email to jbanchor@hrinstitute.org