



This document refers to the “Financial Conflict of Interest Policy for Research Funded by Agencies of the United States Public Health Service (PHS) or the United States National Science Foundation (NSF)”

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85354 Freising

Name of the project co-worker(s):

Function within the project:

Name of project leader:

Address:

Project title:

Grant/Project no.:

**A. No Financial Interests in connection with PHS/NIH/NSF grants**

As a project member of the above-mentioned PHS/NIH/NSF project, I hereby confirm that I had no financial interest in connection with the PHS/NIH/NSF grant during the previous 12 months.

**B. Financial Interests related to PHS/NIH/NSF grants**

During the previous 12 months, I had a financial interest in connection with the PHS/NIH/NSF grant. (Please check below and specify in a separate attachment).

yes	no	
		<b>Shares / business shares / stock options / equity participations</b> or similar: During the last 12 months, I, my spouse, my partner within the meaning of the LPartG or my children owned such assets.
		<b>Ownership shares:</b> During the last 12 months, I, my spouse, my civil partner within the meaning of the LPartG or my children have owned shares of ownership, which, added together, exceed 5% of a given enterprise.
		<b>Salary / fees / allowances / other payments:</b> During the last 12 months, I, my spouse, my civil partner within the meaning of the LPartG or my children have received payments of the above type.
		<b>Patents / copyrights / royalties from such rights:</b> During the last 12 months, I, my spouse, my civil partner within the meaning of the LPartG or my children have received payments or rights of the above type.
		<b>Reimbursement of travel expenses by companies or sponsored trips:</b> During the last 12 months, I, my spouse, my civil partner within the meaning of the LPartG or my children were beneficiaries of such travel.



### **Confirmation**

I hereby confirm that I have read and understood the "Financial Conflict of Interest Policy for Research Funded by Agencies of the United States Public Health Service (PHS) or the United States National Science Foundation (NSF)" of the Leibniz Institute for Food Systems Biology at the Technical University of Munich" and that I will comply with it.

I have completed this self-disclosure form to the best of my knowledge and belief. I agree that the persons/institutions named in the guideline above may have access to this form.

Place, Date:

Signature:

Further information if "Yes":

Type of Financial Interest:

Name and registered office of the company:

Approximate total value of financial interest in US\$: