

6LJQLILFDQW )LQDQFLDO ,QWHUHVWV 6), 'LVFORVXUH DQG &RQVHQW )  
8 6 ~~R~~XEOLF +HDOWK 6HUYHYH

Directions Pursuant to the U.S. Public Health Service (PHS) Regulation on the

2. Non-Publicly Traded Entity  
Income

Have you, your spouse/partner, and/or dependent children received income or other payment for services, in the past 12 months, exceeding \$5,000, when aggregated from any nonpublicly traded entity? This does not include payments from UVic, or income from seminars, lectures, or teaching engagements sponsored by a federal, state, or local government agency, a US institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical centre. (Attach additional sheets as necessary)

Yes       No

If Yes, please indicate who holds the SFI, the name of the entity, the annual \$ amount, and the nature of the SFI (e.g., salary earned from...):

---

---

---

Equity Interests

Do you, your spouse/partner, and/or dependent children currently own, or have acquired in the past 12 months equity interest in any nonpublicly traded entity related to your institutional responsibilities? This can include any stock, stock option or other ownership interest. (Attach additional sheets as necessary)

Yes       No

If Yes, please indicate who holds the SFI and note the exact amount with explanation of source(s):

---

---

---

3. Intellectual Property Rights and Interests

Have you, your spouse/partner, and/or dependent children received any payments, in the past 12 months, for any intellectual property rights and interests (e.g. patents, copyrights, assignments) related to a party other than UVic related to your institutional responsibilities? (Attach additional sheets as necessary)

Yes       No

If Yes, please indicate who holds the SFI and note the exact amount with explanation of source(s):

---

---

---

4. Travel Reimbursement/Sponsorship  
Have you received any travel