	Policy	Document #: POL700
	Financial Conflict of Interest Policy	Rev: A DCO: N/A Effective: 4/12/2021

Appendix A. Financial Interests Report

Investigator / Key Personnel Name: _____

Subrecipient organization (if relevant): _____

Award / contract agency & number (if relevant): _____

Pursuant to the requirements of NOCTRIX HEALTH, INC 's Conflict of Interest Policy,

I am reporting on activities for the year _____

This disclosure is an:

Initial disclosure for a new application to a PHS agency for research funding

Initial disclosure for an on-going PHS-funded project

On-going update to an existing disclosure

Annual update to an existing disclosure

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Compensation (including travel expenses): Have you or a member of your family received compensation from a for-profit entity for activities such as consulting, expert witness, advisory board membership, and the like? If Yes, furnish information on an additional page.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Equity: Do you or a member of your family have a significant financial interest in a publicly-traded or privately-owned entity? If Yes, furnish information on an additional page.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Role: Do you or a member of your family serve as a director, trustee, officer or other key employee in a for-profit corporation, partnership, business, or other entity outside of NOCTRIX HEALTH, INC ? If Yes, furnish information on an additional page.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Intellectual Property: Do you or a member of your family have rights to and/or receive royalties from intellectual property (including, patents copyrights, and trademarks but excluding academic or scholarly works) licensed to and/or owned by a for-profit entity? Do NOT include intellectual property owned or managed by NOCTRIX HEALTH, INC If Yes, furnish information on an additional page.

Certification:

I have read and understand NOCTRIX HEALTH, INC 's policy on Conflict of Interest in PHS-Funded Projects and have completed this report to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by NOCTRIX HEALTH, INC to manage any real or perceived conflicts. Should my outside financial or managerial

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interests, or those of my Family, change in a way that results in different answers to any of the questions asked in this Report, I agree to submit a revision.

Signature Date

additional page(s) attached

Addition to Financial Interests Report of: _____
(name)


Reporting for Self Family member:
 Name: _____
 Relationship: _____

Name of External Entity: _____

Address of External Entity: _____

Type of external relationship: (check all that apply)

<input type="checkbox"/>	Consultant
<input type="checkbox"/>	Speaker
<input type="checkbox"/>	Advisory Board or Committee
<input type="checkbox"/>	Equity Holdings
<input type="checkbox"/>	Governing Board or Officer
<input type="checkbox"/>	Intellectual Property Rights
<input type="checkbox"/>	Royalty Income
<input type="checkbox"/>	Other (describe below):

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Amount of compensation or financial interest in reporting period: \$ _____

If travel paid by entity:

Sponsor Organization _____

Destination _____

Purpose of the trip _____

Amount \$ _____

Comments or explanatory information: