



Icahn School of Medicine at Mount Sinai  
Preliminary Disclosure Form

Mount Sinai is committed to promoting the transparency of faculty relationships with outside entities. In a preliminary effort to learn about the relationships that you have outside the scope of your prospective Mount Sinai employment, please answer the following questions to the best of your knowledge and as they relate to you and/or a Related Party (your spouse/ domestic partner and/or dependent children). You may exclude from reporting any relationships that will terminate prior to your hire date at Mount Sinai. Please use additional sheets if needed. If you have questions, please contact Ken Brower at [kenneth.brower@mssm.edu](mailto:kenneth.brower@mssm.edu) or at 212-241-4071. Thank you.

**A. Management and Fiduciary Activities**

Within the past 12 months, have you/Related Party held a position (e.g., **officer, director, supervisor, employee, manager**) in a company or organization that would reasonably appear to do business with or sponsor research at Mount Sinai?

YES [ ] NO [ ]

If **NO**, proceed to next section.  
If **YES**, please provide the name(s) of the company(s) and/or organization(s), and briefly describe the capacity in which you are involved.

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**B. Other Paid/Contracted Activities**

Within the past 12 months, have you /Related Party provided services as an **independent contractor (e.g., consultant, scientific advisor, speakers bureau, expert witness/medico legal consultant)** for any company or organization that would reasonably appear to do business with or sponsor research at Mount Sinai?

YES [ ] NO [ ]

If **NO**, proceed to the next section.  
If **YES**, please provide the name(s) of the company(s) and/or organization(s), as well as a brief description of services provided.

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**C. Written Agreements**

Do you currently have a written agreement for any of your **Management and Fiduciary Activities** or **Other Paid/Contracted Activities** listed in Sections A or B above?

YES [ ] NO [ ]

If **NO**, proceed to the next section.

If **YES**, please include copies of your current contracts for these activities when you return this Disclosure Statement so they can be reviewed by the Mount Sinai's Office of Technology and Business Development.

**D. Stocks**

Do you/Related Party own **stocks, stock options, or other securities** from any public or private company or organization that would reasonably appear to do business with or sponsor research at Mount Sinai? (**Please note:** This does not include owning less than 5% of a publicly traded company's shares, nor does it include mutual funds.) YES [ ] NO [ ]

If **NO**, proceed to the next section.

If **YES**, please provide the name(s) of the company(s) and/or organization(s) as well as the value and/or % share.

**E. Third Party Intellectual Property and Materials**

Will you be practicing any intellectual property (patented processes, software, substances, etc.) or bringing any materials (reagents, experimental animals, cell lines, etc.) that belong to your previous institution or to any other third party?

YES [ ] NO [ ]

If **NO**, indicate by your signature below that to the best of your knowledge and belief you will not be bringing or using any third party intellectual property or materials at Mount Sinai. If **YES**, please list below each item of intellectual property along with its owner and each CATEGORY of materials (e.g., transgenic mice, monoclonal antibodies, etc.).

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**F. Inventions/Patents**

Are you/Related Party named as an Inventor of an issued patent or patent application? (You do not need to report expired patents.) YES [ ] NO [ ]

If NO, proceed to the next section.  
If YES, please provide a brief description.

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**G. Voluntary Disclosure**

Is there anything else that you wish to disclose? YES [ ] NO [ ]

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**I attest that this report is an accurate and complete representation of all relationships and related compensation that I and/or my Related Party (spouse/domestic partner and/or dependent children) have with outside entities. I hereby certify that the information contained herein is complete and accurate to the best of my knowledge. I understand that within 45 days of my date of hire I will be required to submit a more comprehensive on-line report of my outside relationships.**

(PLEASE PRINT NAME)

Signature

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Date \_\_\_\_\_

**Within one month of returning your signed offer letter, please send this completed questionnaire to:**

**Icahn School of Medicine at Mount Sinai  
Office of the Dean  
One Gustave L. Levy Place, Box 1217  
New York, NY 10029  
*Attention: Kenneth Brower - Conflicts of Interest Office***

