Conflict of Interest Certification

Please return completed form via email at Compliance@CarisLS.com.



immediate family member participate in or have any of the following: a. Financial interest (e.g., ownership or investment); No Yes, please describe: b. Compensation or employment arrangement No Yes, please describe: c. Position of influence (e.g., serve on a board No Yes, please describe: d. Intellectual property rights (e.g. patents, copyrights, royalties) No Yes, please describe: e. Involvement in clinical research services (e.g. supervising, contracting or budgeting) No Yes, please describe:					
of Interest Policy. To the review the policy, click here. With regard to any entity that does business, is in competition, or seeks to conduct business with Carls or any of its affiliates, do you or an immediate family member participate in or have any of the following: a. Financial interest (e.g., ownership or investment); No Yes, please describe:			have road understand and a	gree to comply with the Caric Life Sciences® Conflict	
a. Financial interest (e.g., ownership or investment); No Yes, please describe:	of Intere	st Policy. To the review the policy, click	here.	agree to comply with the Cans Life Sciences. Connict	
b. Compensation or employment arrangement No Yes, please describe:	_			business with Caris or any of its affiliates, do you or an	
c. Position of influence (e.g., serve on a board			nent);		
c. Position of influence (e.g., serve on a board	b. Con	npensation or employment arrangemen	t		
d. Intellectual property rights (e.g. patents, copyrights, royalties) □ No □ Yes, please describe: □ No □ Yes, please describe: □	_	No □ Yes, please describe:			
e. Involvement in clinical research services (e.g. supervising, contracting or budgeting) No Yes, please describe: f. Any other activity/interest that may be, or may be perceived to be, a potential conflict of interest. No Yes, please describe: Certification Thereby certify that this accurately and completely describes, to the best of my knowledge and belief, all financial and other interests, which are required to be reported under the provisions of the Caris Conflict of Interest Policy. Typed/Printed Name of Employee Signature of Employee Date					
No Yes, please describe:			pyrights, royalties)		
Certification I hereby certify that this accurately and completely describes, to the best of my knowledge and belief, all financial and other interests, which are required to be reported under the provisions of the Caris Conflict of Interest Policy. Typed/Printed Name of Employee Signature of Employee Date Supervisory Review (Internal Use Only)			g. supervising, contracting or budge	eting)	_
I hereby certify that this accurately and completely describes, to the best of my knowledge and belief, all financial and other interests, which are required to be reported under the provisions of the Caris Conflict of Interest Policy. Typed/Printed Name of Employee Signature of Employee Date Supervisory Review (Internal Use Only)			nay be perceived to be, a potential o	conflict of interest.	_
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