

# Conflict of Interest Certification

Please return completed form via email at [Compliance@CarisLS.com](mailto:Compliance@CarisLS.com).



I, \_\_\_\_\_, have read, understand and agree to comply with the Caris Life Sciences® Conflict of Interest Policy. To review the policy, [click here](#).

With regard to any entity that does business, is in competition, or seeks to conduct business with Caris 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:

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b. Compensation or employment arrangement  
 No  Yes, please describe:

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c. Position of influence (e.g., serve on a board)  
 No  Yes, please describe:

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d. Intellectual property rights (e.g. patents, copyrights, royalties)  
 No  Yes, please describe:

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e. Involvement in clinical research services (e.g. supervising, contracting or budgeting)  
 No  Yes, please describe:

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f. Any other activity/interest that may be, or may be perceived to be, a potential conflict of interest.  
 No  Yes, please describe:

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## 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)

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date