# NATIONAL INSTITUTES OF HEALTH

Supplemental Information to the HHS Form 520

Employee Name: _____

Position Title: _____

Organization Location: _____
(include ICD, Division, Laboratory, Branch, etc.)

1. Brief description of employee's official duties. In addition, attach a copy of the position description or billet.

2. Brief description of the outside activity.

3. Explain how the proposed outside activity is different from the scientific activities performed as part of your official duties.

4. A. For intramural employees, is the outside organization a recipient or potential recipient of any grants or contracts from your laboratory/ branch? Is the outside organization a recipient (or in the process of negotiating) any direct or indirect collaborative agreements or Cooperative Research and Development Agreements (CRADA) with your laboratory/ branch? Is there any direct or indirect support of staff, guest researchers, or other individuals in your laboratory/branch?

   B. For extramural employees, is the outside organization a recipient or potential recipient of any grants or contracts from NIH?

5. If consulting with a law firm, do you have any financial associations with the client (or potential beneficiary) in the matter for which you propose to consult?

The following questions must be completed for outside activities with for-profit organizations. (If the answer to any question is YES, attach a separate sheet providing additional information on the item.)

| | | YES | NO |
|---|---|---|---|
| 6. | Have you ever been denied approval for this outside activity before? | ____ | ____ |
| 7. | Do you or any member of your family own stock, have stock options, or any other financial interest in the organization for which you propose to work? | ____ | ____ |
| 8. | As a part of your official responsibilities, have you made procurement or financial decisions, or are there any pending decisions that you will have to make, which will affect the business prospects of your proposed employer? | ____ | ____ |
| 9. | Have you worked, are you working, or do you anticipate working with a product of the company? If so, please describe this work on an attached sheet. | ____ | ____ |
| 10. | Are there any circumstances that you are aware of, associated with either the initiator of the request for outside activity or the prospective outside employer, which might create a real or apparent conflict of interest if this proposed activity is approved? | ____ | ____ |