



Achieve Life Sciences, Inc. – Financial Conflict of Interest Disclosure Form

Persons completing this form are expected to have read and understood Achieve Life Sciences, Inc.’s Financial Conflict of Interest Policy. If you have any questions regarding the Policy contact the Achieve’s Institutional Officer prior to signing this document.

Investigator Name: _____

Title and Role with Respect to Research Project: _____

Research/Project Title: _____

Research/Project Sponsor: _____

Is this Disclosure: Initial Annual Update

1. Do you, your spouse, or dependent children have a Significant Financial Interest (as defined in the Policy) that would reasonably appear to be affected by this covered “Research”?

Yes No

If yes, please describe on a separate page the nature and extent of your/their affiliation.

2. Do you, your spouse or dependent children have a Significant Financial Interest in any business or legal entity whose financial interests would reasonably appear to be affected by this covered “Research”?

Yes No

If yes, please describe on a separate page the nature and extent of your/their affiliation.

I certify that:

- I have read Achieve’s Policy on Financial Conflict of Interest.
- I have been trained on FCOI and Achieve SOP CR117 – “Financial Conflict of Interest for NIH Grants”.
- I have made all required financial disclosures.
- (If the program leader, principal investigator or project director) I have made every effort to ensure that all Investigators (see Policy for definition) responsible for the design, conduct or reporting of the research have submitted required disclosures.

Signature _____ Date: _____