The University of Chicago Medical Center
Potential Conflict of Interest Disclosure Statement for Employees

The purpose of this form is to comply with UCMC Administrative policy 00-12, which is based upon our obligations under federal laws and JCAHO standards, and to complete our Cost Report. Even if you answer every question “no,” you still must complete and turn in this form. If there is not sufficient space on this form to complete your response, attach additional pages. This form is sent to management level employees of the Medical Center as well as other employees from certain departments and employees of the Office of Medical Center Compliance.

For purposes of this form, “family member” is defined as:
- Spouse or domestic partner
- Any relative, including, for example, children, grandchildren, siblings (whether by whole or half-blood, marriage or adoption)
- Spouse or domestic partner of any relative (e.g. in-laws)

The reporting period is July 1, 2010 to the present.

1. Other than your employment compensation from UCMC, do/does or did you or a family member receive compensation from UCMC or any of UCMC’s Related Organizations, which are listed on Attachment One? If yes, identify the entity and generally describe the compensation arrangement.

________________________________________________________________________
________________________________________________________________________

2. To your knowledge, do/does or did you or any family member hold any of the following interests in a business or other entity doing business with or seeking business from UCMC (including any sale, lease, or other deal)?

Interests:
- 5% or greater ownership interest or voting stock
- salary or other payment (e.g. consulting fee, honoraria, professional or administrative services payment)
- other interest that benefits you or the family member (e.g. fees, loans)

_____ Yes  _____ No

If yes, describe:

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Description of the interest</th>
<th>You or name of family member</th>
<th>Nature of the organization’s business</th>
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3. To your knowledge, do/does or did you or any family member hold any position or have any of the following relationships with a business or other entity doing business with UCMC or seeking business from UCMC (including any sale, lease, or other deal)?

**Relationships:**
- fiduciary or other responsibility, such as partnership, sitting on a board of directors, auxiliary board, advisory board
- significant personal relationship, such as a close friendship
- entity contributes funds to UCMC or receives funds from UCMC
- any other obligation or relationship

_____ Yes  _____ No

If yes, describe:

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<th>Organization Name</th>
<th>Description of the position</th>
<th>You or name of family member</th>
<th>Nature of the organization’s business</th>
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4. To your knowledge, have you or any family member received any of the following from a business or other entity doing business with UCMC or seeking to do business from UCMC?
- gift or hospitality (e.g. meals, entertainment)*
- personal favor

* Do not include hospitalities associated with legitimate educational seminars where the hospitality was modest.

_____ Yes  _____ No

If yes, describe:

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<th>Organization Name</th>
<th>Description of the gift, hospitality or favor and its value</th>
<th>You or name of family member</th>
<th>Nature of the organization’s business</th>
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5. I have read the Conflict of Interest policy, and I confirm that, subject to the exceptions set forth below, neither I nor any family members from July 1, 2010 to the present:

(A) have or had an existing or potential financial or other interest that impairs or might appear to impair my independence or objectivity; or

(B) will or did derive a financial or other material benefit from the use of confidential information learned in the course of my service as a leader of the Medical Center.

Exceptions:
________________________________________________________________________
________________________________________________________________________

6. Have you been investigated for, charged with, or convicted of, or have you been the subject of an allegation concerning a criminal offense related to your involvement directly or indirectly in any governmental program, including but not limited to Medicare or Medicaid?

_____ Yes  _____ No  If yes, provide a detailed explanation.

7. Have you been excluded or proposed for exclusion from participating as a vendor, supplier, or provider to any government program, including but not limited to Medicare or Medicaid?

_____ Yes  _____ No  If yes, provide a detailed explanation.

I have received and reviewed a copy of the Conflict of Interest policy. I will update the foregoing disclosures as new information becomes available that could affect the interests stated above. All information is correct and complete to the best of my knowledge.

____________________________________
Signature

____________________________________
Name (please print)

____________________________________
Title

____________________________________
Date

SUBMIT BUTTON HERE

If completing this disclosure electronically, typing your name on the signature line constitutes your signature.
Attachment One
LIST OF RELATED ORGANIZATIONS
This includes “brother/sister” organizations, where the University of Chicago controls the organization

University of Chicago
QV, Inc.
University of Chicago Property Holding Corporation
Lake Park Associates
ARCH Development Corporation
National Opinion Research Center (NORC)
University of Chicago Charter School Corporation
Court Theatre Fund
University of Chicago Cancer Research Foundation
University of Chicago Self Insurance Trust
University of Chicago Retiree Medical Trust
Chicago Tumor Institute
University of Chicago Booth School of Business, Ltd. (Singapore entity)
University of Chicago Booth School of Business, Ltd. (UK entity)
University of Chicago Center in Paris
University of Chicago Trust (India)
UChicago Argonne LLC
Fermi Research Alliance, LLC
University of Chicago Foundation Limited (UK entity)
The University of Chicago Foundation in Hong Kong, Ltd.
The Quadrangle Club
UCHICAGO (Beijing) Consulting Co., Ltd.
UChicago Research International Limited
UChicago Research Bangladesh, Ltd.
South East Chicago Commission
The University of Chicago Cloister Club
UChicago Trading
Phoenix Overlay Fund, Ltd.
UChicago Impact LLC
The John Crerar Foundation