

## **EXHIBIT 1**

## Significant Financial Interests (SFI) Disclosure Form (For sponsored research applicable to <u>Arsenal Medical FCOI Policy</u>

Investigator:	C	Dept:	Program:
Type of disclosure:	Initial/Annual repo	ort Change in SFI	
Financial Conflict of In	terest (FCOI)training :	Completed/current	Pending
(Training required upon a	ward from PHS, NSF or other a	applicable sponsor, and renewed at	least every 4 yrs.)
partner, parents, sibling		he value is readily ascertainable, th	nvestigator or family member (spouse, domestic at reasonably appears to be related to the
the aggregate	ed value received from a publicly		uthorships for other than scholarly works) when period preceding the disclosure, and the value of closure, exceeds \$5,000.
	er payments for services, when t ding the disclosure exceeds \$5,00		a non-publicly traded entity during the 12 month
	sts (e.g., stocks, stock options, or iod preceding or as of the date of		n-publicly-traded company of any value during the
	ed to intellectual property rights hrough Arsenal Medical.	and interests (e.g., patents, tradem	narks, service marks, and copyrights) not
reimbursed d corporate tra	irectly to the Investigator and an wel card). It excludes travel rein f higher education, research inst	mounts paid on behalf of the Invest mbursed or sponsored by U.S. Fed	ponsibilities. This includes travel that is both igator rather than reimbursed (i.e., using the eral, state or local governmental agencies, U.S. higher education, academic teaching hospitals, and
scholarly works; 3) incc U.S. Federal, state or lo higher education, acade	ome from seminars, lectures, or t ocal governmental agencies, U.S. emic teaching hospitals, or medic	teaching engagements sponsored b . institutions of higher education, U cal centers; or 4) equity interests of	2) income from the authorship of academic or y or from advisory committees or review panels for J.S. research institutes affiliated with institutions of r income from investment vehicles, such as mutual estment decisions made in these vehicles.
nvestigator certification:	(mark <u>one a</u> s applicable)		
I certify <u>no s</u>	SFL related to my Arsenal M	edical institutional responsibilit	ies; or
	FI (as indicated above) which re described below, or provid		Medical institutional responsibilities. These
	e external entity, the type of b ell as any other relevant detai		ncial interest that you or your family has in the
			licy <u>FINANCIAL CONFLICT OF INTEREST</u> . I nges throughout the duration of the applicable

Investigator Signature\_\_\_\_\_ Date

sponsored project.

Financial Conflict of Interest (FCOI): a Significant Financial Interest (SFI) that could directly and significantly affect the design, conduct or reporting of Arsenal Medical research.

Corporate Officer response : *(mark <u>one</u> as applicable)* 

**No SFI.** I have reviewed this disclosure form and agree and acknowledge that the investigator has no significant financial interests related to their Arsenal Medical institutional responsibilities.

**Review of SFI disclosure.** I have reviewed the significant financial interest(s) described here, and in consultation with the Investigator have determined:

No potential FCOI exists.

Actual or apparent FCOI exists that may directly and significantly affect the design, conduct or reporting of Arsenal Medical research. Referred to the Executive Team (defined as an employee or consultant of the Arsenal Medical leadership team directly appointed by the Chief Executive Officer).

By signing below, I certify that I have read and understand Arsenal Medical's Policy <u>FINANCIAL CONFLICT OF</u> <u>INTEREST.</u>

Financial Administrator				
-	Signature		Date	
Chief Executive Officer				
	Signature		Date	
Comments:				