

**Fred Hutchinson Cancer Research Center  
Request for Prior Approval of Outside Activities and Financial Interests**

**Introduction.** If you are 1) a Fred Hutchinson Cancer Research Center (“Center”) faculty member; 2) a Center employee who is or will be involved in the design, conduct, or reporting of research; 3) a Center employee who is or will be consenting, recruiting, or evaluating the response of human subjects; or 4) the General Counsel, Director of Technology Transfer, or the Director of the Institutional Review Office and you plan to engage in consultation or other outside activities with for-profit entities or to receive, acquire or otherwise hold a financial interest in for-profit entities, you must complete this form and obtain prior approval from the Center’s President and Director or designee in accordance with the Center’s Conflict of Interest Policy, the Center’s Institutional Conflict of Interest Policy, and the Center’s Policy and Guidelines for Involvement with Outside Interests. These policies are posted on the General Counsel’s website at [http://extranet.fhcrc.org/EN/sections/general\\_counsel/index.html](http://extranet.fhcrc.org/EN/sections/general_counsel/index.html). Examples of activities that require prior approval include 1) serving as a director, trustee or officer of a for-profit entity; 2) holding stock or other ownership interests in a for-profit entity; 3) providing consulting and/or advisory board services to a for-profit entity, and 4) receiving or having the right to receive royalty payments or other income directly from a for-profit entity related to any technology, software or creative work, (but **NOT** including amounts received under the Center’s Patent and Inventions Policy). Prior approval is also required if your spouse, domestic partner or dependent child(ren) wishes to engage in these activities or hold these types of financial interests.

**Instructions.** Please read and complete the information requested below to the best of your knowledge. Any consulting or other agreements related to the request must be attached. If more space is needed, please attach separate sheets. Upon completion, forward this form and any attachments to the Division Director of the division in which you hold your primary appointment. If you hold primary appointments in two divisions, submit this form to both Division Directors. The request will be evaluated, and a recommendation from the Division Director will be forwarded first to the Office of the General Counsel for review and approval and then to the President and Director for final review and approval. In some cases, requests for approval will be referred to the Center’s Conflict of Interest Committee(s) for review. **YOU ARE NOT PERMITTED TO UNDERTAKE THE OUTSIDE ACTIVITY OR HOLD OR RECEIVE THE FINANCIAL INTEREST DESCRIBED BELOW UNTIL THE CENTER’S PRESIDENT AND DIRECTOR, OR DESIGNEE, APPROVES IT BY SIGNING THIS FORM.**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Division:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. Please check the relationship of the person who will hold the outside activity or interest :**

\_\_\_\_\_ **Self**                      \_\_\_\_\_ **Domestic Partner**  
\_\_\_\_\_ **Spouse**                      \_\_\_\_\_ **Dependent Child(ren)**

**2. Name and location of for-profit entity to which outside activity relates or in which financial interest will exist:**

**3. Please check the type of activity or financial interest**

\_\_\_\_\_ **Leadership (e.g. officer, director, president)**  
\_\_\_\_\_ **Ownership/Equity (e.g. stock, options, partnership interest)**  
\_\_\_\_\_ **Intellectual Property income (from a source other than FHCRC)**  
\_\_\_\_\_ **Consulting or Other Income**

**4. Please summarize the anticipated activity (e.g. “consulting in the area of clinical trial design;” “receiving stock options”)**

**5. Date activity begins or interest received:** \_\_\_\_\_ **Date activity ends or interest divested:** \_\_\_\_\_

**6. Time Commitment (Days Per Year):** \_\_\_\_\_

**7. Will this activity, combined with all of your other outside activities, bring your total outside activities to more than 10% of your total time as a Center employee? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

8. Dollar value and type of interest held or received or anticipated income from activity (e.g. cash payment, equity. For value of equity or other ownership interests use best estimate of fair market value): \$\_\_\_\_\_

9. If equity or other ownership interest will be received, please state the number of shares: \_\_\_\_\_

10. If you will hold or receive equity or other ownership interest, will your percentage of the total interest when aggregated with any interest of your spouse, domestic partner or dependent child(ren) exceed 5%:

Yes \_\_\_\_ No \_\_\_\_ If yes, state the percentage: \_\_\_\_\_%

11. Will a written agreement for this transaction exist? Yes \_\_\_\_ No \_\_\_\_ If yes, please attach a copy.

12. Describe facilities, employees, space or other Center resources that may be involved:

13. If this is a consultation or other service arrangement with a for-profit entity, briefly explain the benefits of this arrangement to you and the Center:

*Please answer the following questions to the best of your knowledge. Please note that the terms in quotes in the questions below are defined in the Center's Conflict of Interest Policy.*

14. Are you or do you plan to be involved in any research conducted at the Center or financed with funds administered by the Center a) which is sponsored by this entity, b) which is designed to test or evaluate any product or service in which this entity has an interest, or c) which could otherwise directly and significantly affect or be affected by this entity? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details of the research:

15. If you answered "yes" to question 14, is the research "human subjects research?" You should answer "yes" if the research is a systematic investigation which is designed to develop or contribute to generalizable knowledge in which you (or those under your control) either a) obtain data about living individuals through intervention or interaction; or b) have access to individually identifiable private information about such individuals. Intervention includes both physical procedures by which data are gathered and manipulations of the individuals' environment that are performed for research purposes. Interaction includes communication or interpersonal contact between you and the individual. Yes \_\_\_\_ No \_\_\_\_

16. If you answered "yes" to question 15, do you/will you "participate" in the "human subjects research" described above? You should answer "yes" if you do any of the following with respect to a specific research protocol involving that research: 1) act as principal investigator on such protocol; 2) consent human subjects to such protocol (other than in your capacity as an attending physician); 3) recruit human subjects to such protocol; or 4) evaluate the response of human subjects enrolled on such protocol. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe and be as specific as possible.

APPROVAL:	Division Director Signature:	Date:
	COI Committee [if applicable]:	Date:
	General Counsel Signature:	Date:
	Center Director Signature:	Date: