

**University of Virginia  
School of Medicine**

**Conflict of Interest Agreement**

This form must be completed before deposit of funds from any source, including non-profit foundations whose primary source of revenue is a corporation.

Name of Corporation or Foundation: \_\_\_\_\_

Name of Faculty Member: \_\_\_\_\_

Department: \_\_\_\_\_

I certify to the following statement regarding the funds deposited/requested:

No endorsement of specific product is either stated or implied and no endorsement will be a part of my professional activities as a University of Virginia faculty member.

\_\_\_\_\_  
Signature

**NOTE:** This signed form must accompany all corporate or corporate-sponsored organization checks intended for deposit in any University of Virginia Rector and Visitors account. This form must also accompany corporate or corporate-sponsored organization checks deposited at the Medical School Foundation, the UVA Fund, the UVA Health Foundation, and Hospital Finance. It is **not** permissible to deposit grant or gift funds regardless of source, to Health Services Foundation accounts.