

Conflict of Interest Policy	Department: General Operations	
Origination Date: 01/01/2021	Effective Date: 01/29/2021	Next Review Date: 01/29/2024
Policy contact: Nicole Jobson Nicole.jobson@wacbd.org	Version: #2	
Written by: Savannah Simmons, Savannah.simmons@wacbd.org		

PURPOSE: Employees (including contracted employees) and board members have an obligation to conduct business within guidelines that helps manage actual or potential conflicts of interest. This policy establishes the framework within which Washington Center for Bleeding Disorders (WACBD) operates business and conducts research. The purpose of these guidelines is to provide general direction so that board members and employees can seek further clarification on issues related to the subject of acceptable standards of operation and management of conflicts of interest which exist.

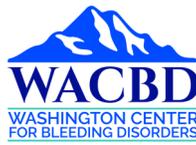
As a nonprofit charitable organization, operating in the State of Washington, WACBD is accountable to government agencies, other governing and funding bodies, and the patients it provides services to. Board Members and employees have a duty to act in the best interests and may not use their positions for their own financial or personal benefit. Conflicts of interest and the appearance of a conflict of interest must be taken very seriously and always be avoided.

SCOPE: Applies to all WACBD employees and board members.

POLICY STATEMENT: WACBD will identify and follow a process to avoid any actions on behalf of the business or patients that may have personal or financial gain for any board members, employee, or any other person associated with WACBD or if identified, will follow defined procedures to manage conflicts of interests. Board members, employees, or any other person associated with WACBD will not participate in any activities that violate state and federal laws or regulations of governing bodies.

DEFINITIONS:

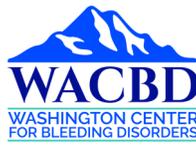
<u>Term</u>	<u>Definition</u>
Conflict of Interest (COI)	When a Board Member, employee, or a person’s relative or business associate stands to gain a personal or financial benefit from actions the entity takes or any transactions it enters; or has another interest that impairs, or could be seen to impair, the independence or objectivity of the Board Member or employee in satisfying their duties to the entity.
Direct Conflict of Interest	When an employee, board member, contracted employee, partner, or other associate has a personal or financial interest involving WACBD and the Partnering Organization or Vendor where an agreement or contract is in place and/or services are being provided between the two organizations.
Federal Financial Assistance	Assistance that Nonfederal Entities’ receive or administer in the form of: <ul style="list-style-type: none"> • Grants; • Cooperative agreements; • Non-cash contributions or donations of property (including donated surplus property); • Direct appropriations; • Food commodities; and • Other financial assistance (except assistance listed in 45 CFR §75.2(b). and



	<p>For 45 CFR §75.202 and subpart F, Federal financial assistance also includes assistance that NFEs receive or administer in the form of:</p> <ul style="list-style-type: none"> • Loans; • Loan Guarantees; • Interest subsidies; and • Insurance <p>Federal financial assistance does not include amounts received as reimbursement for services rendered to individuals as described in 45 CFR §75.502(h) and (i) (relating to Medicare and Medicaid payments for providing patient care services).</p>
Indirect Conflict of Interest	When an employee, board member, contracted employee, partner, or other associate is privy to the interest or persons involved but is not personally or financially benefitting from the information or investment and does not have the authority to supervise or participate in the decisions involving WACBD and the Partnering Organization or Vendor where an agreement or contract is in place and/or services are being provided between the two organizations.
Non-Federal Entity (NFE)	A state, local government, Indian tribe, institution of higher education, or nonprofit organization that carries out a federal award as a recipient or subrecipient.
Pass-through Entity	A NFE that provides a subaward to a subrecipient to carry out part of a federal program.
Recipient	An entity, usually but not limited to an NFE, which receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term recipient does not include subrecipients.
Subaward	An award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.
Subrecipient	A NFE that receives a subaward from a pass-through entity to carry out part of a federal program but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.

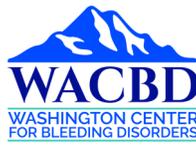
PROCEDURES:

Procedure 1- Defining Types of Conflicts	
Financial Conflict	Conflicts of interest may relate to financial or other external/commercial arrangements, for example: shares, share options, equity interests, royalty income, directorships, spin-out companies, additional external employment, consultancy arrangements, contract management, commercialization of research interests.
Relationship/ Personal Conflict	Conflicts may also potentially arise in relation to interpersonal or family relationships which could impact on teaching, student supervision, staff line management arrangements or involvement in processes such as procurement, recruitment, promotion, or disciplinary/grievance/capability/other procedures. You should be aware that the relationship in question may be your own or that of a close family member/partner (for example where your access to information or knowledge could be seen to confer an advantage on your family or other connected individual).
Professional Conflict	Conflicts may relate to non-financial benefits or enhancement of career, professional



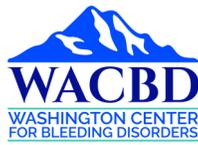
	standing or education, intellectual property rights, or perceptions that a benefit may ensue from a particular outcome or timing of research findings which are under your influence. Potential conflicts which may arise from work on external committees such as research council committees, editorial boards, peer review panels etc..
Research Conflict	Any personal, professional, and financial involvement/ activities that may influence outcomes of research conducted at WACBD. Such as being paid to serve in an advisory capacity to industry or other funders.

Procedure 2- Employee Responsibilities	
Employee Responsibilities	<p>Employees who have identified a circumstance which could constitute a conflict of interest, or importantly, which could reasonably be perceived to do so even if it does not actually, will need to do the following:</p> <ul style="list-style-type: none"> • Review the relevant policies and guidance • Report the potential conflict to your supervisor promptly and alert any relevant parties (external funding bodies, panels you participate in etc. depending on the circumstances) • Your supervisor will determine and agree with you the appropriate action to avoid or mitigate and properly manage the (actual or perceived) conflict of interest. • Ensure your entry on a conflict-of-interest disclosure form to be reviewed and ensure this is updated at least annually. • The conflict-of-interest committee must be satisfied that the steps agreed to manage the conflict of interest are appropriate and proportionate to protect the reputation and integrity of the individual, the department and WACBD • If there is a conflict of interest involving another individual, the WACBD employee must put the relationship on hold and limit communication while the project is ongoing. <p>Employees must disclose to the best of their knowledge all potential conflicts of interest or the appearance of a conflict of interest as soon as they become aware and always before any actions involving the potential conflict are taken.</p>
Disclosure Form	<p>All WACBD Board Members and employees will complete a Conflict-of-Interest Disclosure Form annually and before participating in a research study/ process. There are separate disclosure forms for general employee disclosure and research related disclosure.</p> <p>If any conflicts of interest or the appearance of a conflict of interest is disclosed, this will be brought to the Conflict-of-Interest Committee for review.</p> <p>See Disclosure Forms in Appendix</p>
To Fill out Disclosure Form	<p>1. Employees must recognize all real or potential conflicts of interest that could compromise the trustworthiness of their work (i.e., real and/or which other people could reasonably perceive to be conflicts of interest) and take steps transparently to disclose the conflicts of interest. When evaluating a potential conflict of interest ensure it is impartial and consider how it might be perceived by the</p>



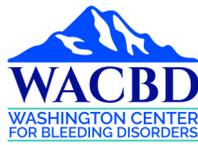
	<p>community.</p> <ol style="list-style-type: none"> 2. Disclosure form must be submitted to compliance officer for appropriate review. 3. Openly declare and justify all real or potential conflicts of interest at all stages in the project and, particularly, at the following key stages: <ul style="list-style-type: none"> • Has an ownership or investment interest in any third-party WACBD deals with or is considering dealing with. • Serves on the board of, participates in the management of, or is otherwise employed by or volunteers with any third-party WACBD deals with or is considering dealing with. • Receives or may receive compensation or other benefits in connection with a transaction into which WACBD enters. • Receives or may receive personal gifts or loans from third parties dealing with the WACBD. • Serves on the board of directors of another nonprofit organization competing with WACBD for a grant or contract. • Has a close personal or business relationship with vendor, partner or other third-parties being considered by WACBD. • Would like to pursue a transaction being considered by WACBD for their personal benefit. • Receiving gifts from vendors, partners or other third parties as an incentive for favors or financial gain. • Having stocks in a company that WACBD does business with • Participating in a research study as both an investigator and as a treating physician. • In research funding applications. • Where applicable, in research ethics applications and research governance applications. • Where applicable, when seeking to recruit participants (i.e., as part of the process of seeking consent). • Where feasible, when communicating with the public about research. • In research publications. • During commercialization. • Where applicable, when undertaking peer review. <p>In situations where you are uncertain, please err on the side of caution and disclose the potential conflict immediately.</p>
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Procedure 3- Determination of a Conflict	
<p>Determining Whether a Conflict of Interest Exists</p>	<ol style="list-style-type: none"> 1. After there has been disclosure of a potential conflict and after gathering any relevant information from the concerned, the conflict-of-interest committee will review all information and determine whether there is a conflict of interest. 2. The Board of Directors will review any conflicts of interest that are direct conflicts and significantly impact WACBD business operations. The conflict of interest committee will review all indirect conflicts and will turn to the board if needed. 3. If the conflict directly impacts any Board Member or committee member, the individual must not attempt to influence the determination of whether a conflict of interest exists and must not be present in the discussion of the board or



	<p>committee reviewing the conflict.</p> <ol style="list-style-type: none"> 4. In determining whether a conflict of interest exists, the Conflict of Interest Committee shall consider whether the potential conflict of interest would cause a transaction entered by WACBD to raise questions of bias, inappropriate use of assets, or any other impropriety. 5. A conflict always exists in the case of a related party transaction. A transaction, agreement, or other arrangement in which a related party has a financial interest in which WACBD, its employees or a Board Member is an affiliate of the corporation or a participant.
<p>Conflict of Interest Committee</p>	<p>If the Conflict of Interest Committee determines if there is a direct conflict of interest with significant impact of WACBD operations, they shall refer the matter to the Board of Directors.</p> <p>Conflict of Interest Committee Includes the following members:</p> <ul style="list-style-type: none"> • Compliance officer • Executive Director • Pharmacy Director • Compliance Coordinator <p>There must be at least 3 committee members present to review a conflict of interest.</p>
<p>University of Washington Research Studies</p>	<p>Conflicts of interest impacting research funded through the University of Washington and conducted at WACBD will be reported to and managed by the University of Washington (UW). Any action required by UW to manage COI related to a study that impacts conduct of the study at WIC will be reported to the Research Director by providing a copy of the documents outlining the action(s) to be taken. If the PI on the study is the Research Director, it will then be reported to the Executive/Medical Director.</p>

Procedure 4- Addressing/ Managing Conflicts	
<p>Procedures for Addressing a Conflict of Interest</p>	<ol style="list-style-type: none"> 1. When a matter involving a conflict of interest comes before the board, the board may seek information from the Compliance Officer and persons involved with the conflict prior to beginning deliberation and reaching a decision on the matter. However, the conflicted person shall not be present during the discussion or vote on the matter and must not attempt to influence the deliberation or vote.
<p>Additional Procedures for Managing Conflicts</p>	<ol style="list-style-type: none"> 1. WACBD may not enter in any related party transaction unless, after good faith disclosures of all potential conflicts of interest or the appearance of a conflict of interest by the Compliance Officer and the Board of Directors has determined the transaction is fair, reasonable and in WACBD’s best interest at the time of such determination. 2. If the related party has a substantial financial interest, the board shall prior to entering the transaction: consider alternative transactions to the extent available, approve the transaction by a vote, and document in writing the basis for its approval, including its consideration of any alternative transactions. 3. In most situations a declaration of a conflict of interest, with a brief written



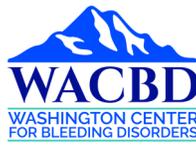
	<p>record of that declaration, will suffice. However, sometimes agreement will be needed on how real or potential conflicts of interest can be actively managed. Practical steps include, but are not limited to:</p> <ul style="list-style-type: none"> • modifying the project’s plan. • severing professional relationships that create real or potential conflicts of interest. • declaring a conflict(s) of interest in a meeting if the researcher believes there is an issue under discussion where the researcher has, or might reasonably be perceived to have, a conflict of interest (and not taking part in the discussion). • resolving not to act as a person's supervisor. • divesting or placing in certain financial interests; • declaring an interest to a sponsor or third party. • standing aside from any involvement in a particular project.
<p>HRSA COI Mitigation Recommendations</p>	<p>A potential COI should be considered by WACBD as to whether it is truly a COI or a perceived COI. In either case, WACBD will take steps to mitigate the situation. To determine if a perceived COI should be addressed:</p> <ol style="list-style-type: none"> 1. WACBD will consider whether a reasonable person with knowledge of the relevant facts would question WACBD’s impartiality if WACBD participated in the matter. 2. If WACBD concludes that WACBD’s impartiality would be questioned, WACBD should not participate in the matter. 3. WACBD must disclose in writing to HRSA (or to the pass-through entity, in the case of a subrecipient) any potential COI supported by a federal award, including what measures were taken by WACBD to resolve the potential COI.
<p>Company to Company Disclosure</p>	<p>WACBD will request the partnering company to complete a disclosure form to verify the employee’s disclosed information.</p>

Procedure 5- Minutes and Documentation

<p>Minutes and Documentation</p>	<p>The minutes of any board meeting at which a matter involving a research related conflict of interest or potential conflict of interest was discussed or voted upon shall include:</p> <ol style="list-style-type: none"> a) the name of the interested party and the nature of the interest. b) the decision as to whether the interest presented a conflict of interest. c) any alternatives to a proposed contract or transaction considered by the board; and d) if the transaction was approved, the basis for the approval.
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Procedure 6- Avoiding Prohibited Acts

<p>Prohibited Acts</p>	<ul style="list-style-type: none"> • WACBD shall not make a loan to any Board Member or employee, and board members shall not make further actions to personally extend a loan to an employee for personal or financial gain.
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	<ul style="list-style-type: none"> No employee, or agent of WACBD may participate in the selection, award, or administration of a contract supported by a federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.
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Procedure 7- HRSA Disclosure	
Disclosure to HRSA	<p>For COI disclosures required by Sections 4.0, NFEs must provide to HRSA written disclosure of potential COIs, as applicable, within 30 calendar days of discovery of the potential COI, and in accordance with the terms and conditions of their award.</p> <p>Pass-through entities (including states) must require that subrecipients disclose potential COI described in Sections 4.0 to them within 30 calendar days of discovery of the potential COI and in accordance with the terms and conditions of their award. In turn, pass-through entities must disclose subrecipient COIs to HRSA within 30 calendar days of receiving notification of a potential COI by the subrecipient unless HRSA approves, at the request of the pass-through entity, a longer period of time to resolve and/or disclose the COI.</p>

RELEVANT REFERENCES:

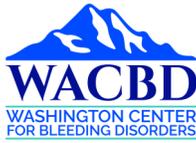
- [45 CFR §75.112](#)
- <https://www.hrsa.gov/grants/standard-terms/conflict-interest-policy#applicability>

APPROVING COMMITTEE(S):

- Policy and Compliance Committee (PCC)
- Conflict of Interest Committee

REVISION HISTORY

	Final Approval by	Date	Brief description of change/revision
Revision	PCC	9/15/21	Included Research COI, Personal Interests, and Disclosure Forms
Revision			



Appendix 1
Conflict of Interest Disclosure Form

This Questionnaire is to be completed annually by all WACBD Board Members and employees authorized to act on behalf of the organization, board of directors, and patients.

1. NAME AND BACKGROUND:

Full Name: _____

Address: _____

Current Title & Position Description:

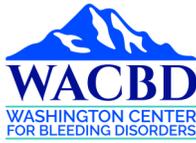
Organizational Memberships:

2. INFORMATION OF INTEREST:

_____ I have no Conflicts of Interest

I have the following Conflicts of Interest:

Investments: Please identify any investments you or a member of your family has or had during the last five (5) years in any organization that has, does, or is likely to provide goods or services in competition with the Washington Center for Bleeding Disorders.



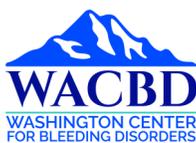
Other Services and Personal Interests: Please identify any services you or a member of your family provides, or personal interests in any organization within the last five (5) years as a director, partner, principal investigator, member of management, employee or consultant to any organization that does, has, or is likely to provide goods or services in competition with the Washington Center for Bleeding Disorders.

3. OTHER INTEREST: Please identify all other circumstances affecting you or members of your family that might appear to involve a conflict of interest, whether actual, direct, indirect, potential, or perceived, to attain personal profit or advantage.

4. ACKNOWLEDGEMENT:

I _____, to the best of my knowledge attest the above information is true and accurate. I have received a copy of the Conflict-of-Interest Policy, which I have read and understand, and I hereby agree to comply.

Signature: _____ Date: _____

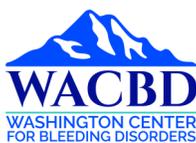


**Appendix 2
Research Conflict of Interest Disclosure Form**

Name:
Job Title/ Department:
Research Sponsor:
If this is a subcontract, list original funding agency:
If it is funded internally, list account name:
Research project title:
Your Role in Study:

This Questionnaire is to be completed by all WACBD research staff before participating in a research study/ project to disclose any conflicts of interest on behalf of the employee and WACBD.

Have you or an immediate family member(s) received remuneration (e.g., consulting fees, honoraria, paid authorship/book royalties) from a publicly traded entity over the past 12 months or own any equity interest (e.g., stock) that, when aggregated, exceeds \$5,000. This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or an immediate family member(s) received remuneration from any non-publicly traded entity (including non-profit organizations) in the previous 12 months that, when aggregated, exceeds \$5,000.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or an immediate family member(s) currently hold any amount of equity (stock, stock options, or other ownership interest) in a non-publicly traded entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or an immediate family member(s) receive any income from intellectual property (IP) rights and interests (e.g., patents, copyrights, and royalties)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any travel reimbursement or been sponsored for travel (i.e., travel expenses paid on behalf of Investigator and not reimbursed to Investigator), by any entity in the past 12 months exceeding \$5,000 related to your institutional responsibilities? This does not include travel sponsored or reimbursed by a federal, state, or local government agency, a US institution of higher education, or an affiliated research institute, an academic teaching hospital, or a medical center including WACBD.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or an immediate family member(s) serve as director, trustee, officer, or other key employee in a corporation, partnership, business, government entity, or other entity outside of WACBD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be purchasing, or recommending or approving the purchase of, goods or services for WACBD from an entity with which you or a family member are an officer, agent, employee, or member or with which you or a family member have a direct or indirect financial or other interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No



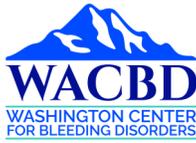
<p>Do you or an immediate family member(s) have any external financial interests or support, affiliations, activities, or relationships with any foreign entities?</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> Collaborations with investigators at a foreign site anticipated to result in co-authorship. Use of facilities or instrumentation at a foreign site. Receipt of financial support or resources from a foreign entity. Faculty or research appointments at a foreign entity (even if uncompensated). Directorships of labs, centers, or programs at a foreign entity (even if uncompensated). Any payment, reimbursement, travel support, or other compensation, of any amount, that you have received or will receive from a foreign entity; Any significant scientific element or segment of a project conducted at or by a foreign entity 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered YES to any of the above questions, provide more information below								
<i>Circle Type:</i>	Salary	Consulting Fees	Honoraria	Paid Authorship	Stock	Sponsored/ Reimbursed Travel	Intellectual Property Income	Other
List each value(s):								
Describe any relationships, interests, and/or support:								
Provide a narrative of how your disclosures do/ does not relate to your WACBD responsibilities:								

ACKNOWLEDGEMENT:

I _____, to the best of my knowledge attest the above information is true and accurate. I have received a copy of the Conflict-of-Interest Policy, which I have read and understand, and I hereby agree to comply.

Signature: _____ Date: _____



**Appendix 3
Company Disclosure Form**

Company Name: _____

WACBD Employee Name: _____

WACBD Employee Compensation Received: _____

Company Representative Filling out Disclosure: _____

Investments: Please identify any investments the WACBD employee or a member of their family has or had during the last five (5) years in your organization that has, does, or is likely to provide goods or services in competition with the Washington Center for Bleeding Disorders.

Other Services and Personal Interests: Please identify any services the WACBD employee or a member of their family provides, or personal interests in your organization within the last five (5) years as a director, partner, principal investigator, member of management, employee or consultant to your organization that does, has, or is likely to provide goods or services in competition with the Washington Center for Bleeding Disorders.

Other Interest: Please identify all other circumstances affecting the WACBD employee or members of their family that might appear to involve a conflict of interest, whether actual, potential, direct, indirect, or perceived, to attain personal profit or advantage.

Representative Signature: _____ Date: _____