

EMPLOYEE ACKNOWLEDGEMENT

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This document is to inform you of a potential conflict of interest regarding the Principal Investigator, Dr. NAME . Dr. NAME is the Principal Investigator on the award and has a conflict of interest due to his ownership of [Click here to enter text.](#) **State role in the Company* *State if IP has been licensed**

To further mitigate any potential conflict of interest, [Click here to enter text.](#) If you have any concerns or issues relating to the conflict of interest, please contact either Professor NAME or Professor NAME, Chair, Department of [Click here to enter text.](#)

If you have any questions or concerns regarding the potential conflict of interest, please contact Conflict of Interest Administrator, COI@umd.edu.

Please print and sign your name below to acknowledge that you have been informed of the potential conflict of interest and the mitigation plan in place.

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EMPLOYEE ACKNOWLEDGEMENT

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This document is to inform you of the appearance of conflict of interest regarding the Principal Investigator, Dr. NAME and Co-Investigator Dr. NAME. Drs. NAME and NAME are [e.g., married, domestic partners].

To further mitigate any potential conflict of interest, Drs. NAME and NAME are both responsible for the design, conduct and reporting of the research and do not report to each other. If you have any concerns or issues relating to the conflict of interest, please contact either Professor NAME or Professor NAME, Department of NAME.

If you have any questions or concerns regarding the potential conflict of interest, please contact Conflict of Interest Administrator, COI@umd.edu

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