

Flight Attendant Medical Research Institute, Inc.

**INSTITUTIONAL TOBACCO DISCLOSURE STATEMENT for the applying school
for the *Clinical Innovator Award 2007***

Instructions to Principal Investigator and the Institution's Grants Administrator:

If the applying school of your Institution, (e.g. Medical School or School of Public Health) has had an affiliation (paid or unpaid) with the tobacco industry within the last five years, you must answer yes to the query below. Please list (attach additional sheets as necessary), the applying school's current and past affiliations with the tobacco industry or its affiliates (see list of companies on the Web at www.famri.org).

If your Institution and/or the applying school has a policy regarding acceptance of funds from tobacco companies, we ask that you include a copy of the policy with your disclosure statement. Please E-mail a pdf file of the completed, signed statement and addenda to famri@aibs.org by September 4, 2007.

If you have any questions regarding completion of this form or your eligibility, please contact FAMRI's Executive Director, Elizabeth Kress, by phone: (305) 379-7007 or Email: ekress@famri.org

Yes, the school applying has current or previous affiliations (funding or other involvement) with one or more of the tobacco companies listed on the FAMRI Web site, www.famri.org.

No, our Institution and the applying school has no current or previous affiliations with the tobacco companies listed on the FAMRI Web site, www.famri.org. _____

If "Yes" above, please list each funding affiliation, and adhere to the following format:

1. Name of tobacco company or affiliate
2. Dates and duration, purpose, and total amount of funding
3. Dates and description of other involvement of any faculty member, such as serving on review boards, etc.

Does your Institution or applying school have a policy regarding acceptance of funding from tobacco companies? Yes No

If "Yes" please submit a copy of the institutional policy with this form.

Institution

Title of FAMRI Proposal

Investigator's Printed Name

Investigator's Signature

Date

Grant Administrator's Printed Name

Grant Administrator's Signature

Date