



**DFR-5.1.2-002**  
**Significant Financial Interest**  
**Disclosure (SFID) Form**

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As an organization conducting research and development activities, Zylö Therapeutics Inc. (ZTI) is committed to protecting the integrity and objectivity of its research activities by ensuring that the design, conduct, and reporting of research will not be biased or appear to be biased by a personal financial conflict of interest. ZTI has implemented this policy to identify, manage, reduce, or eliminate financial conflicts of interest.

Please review Zylö DFR-5.1.2-001 Financial Conflicts of Interest related to Federal Grants and Contracts in detail before completing this form.

If you have any questions regarding ZTI's policy or procedure related to Financial Conflicts of Interest, contact the ZTI CFO or CEO and discuss your questions prior to completing this document.

1. Do you, your spouse, or your dependent children have a "significant financial interest" (as defined in DFR-5.1.2-001) that would reasonably appear to be affected by your "Research"?
  - a. Yes
  - b. No
  - c. If Yes, describe the nature and extent of your/their affiliation: \_\_\_\_\_  
\_\_\_\_\_
  
2. Do you, your spouse, or your dependent children have a "significant financial interest" in any business or legal entity whose financial interests would reasonably appear to be affected by this covered "Research"?
  - a. Yes
  - b. No
  - c. If Yes, describe the nature and extent of your/their affiliation: \_\_\_\_\_  
\_\_\_\_\_
  
3. Describe the "significant financial interest" if applicable under questions 1 and 2 above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that:

- a. I have read ZTI's policy on Financial Conflicts of Interest related to Federal Grants and Contracts per DFR-5.1.2-001.
- b. I have made all required financial disclosures.
- c. (If Lead Investigator) I have made every effort to ensure that all Investigators as defined in DFR-5.1.2-001 responsible for the design, conduct, or reporting of the research have submitted required disclosures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Disclosure type:

- a. First time \_\_\_\_\_
- b. Annual update \_\_\_\_\_
- c. Project specific \_\_\_\_\_ Project title: \_\_\_\_\_



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DFR documented and approved by:

Date: 2021-04-30

**DFR REVISIONS**

REVISION	SECTION	SUB-SEC	DATE	REVIEWED AND AUTHORIZED BY
1	All	All	2021-04-30	Charles Hinkle