

# HEMOPHILIA FOUNDATION OF NORTHERN CALIFORNIA

## Employee Conflict of Interest Disclosure Form

This form must be filed annually by all specified parties, as identified in the HFNC Conflict of Interest Policy Statement (ratified by the HFNC's Board of Directors on {Date of ratification})

\_\_\_\_\_ I have no conflict of interest to report

\_\_\_\_\_ I have the following conflict of interest to report (please specify):

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The undersigned, by their affixed signature, note their understanding of the implications of this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date