

HOW TO DISCLOSE A NEW RELATIONSHIP

Follow these steps to disclose a new relationship:

STEP 1: Copy and paste the eOPC website address into a browser window:
<http://www.e-opc.jhmi.edu>

STEP 2: **Log** into eOPC by entering your **JHED ID** and **Password** and selecting the **Login** button (Figure 1).

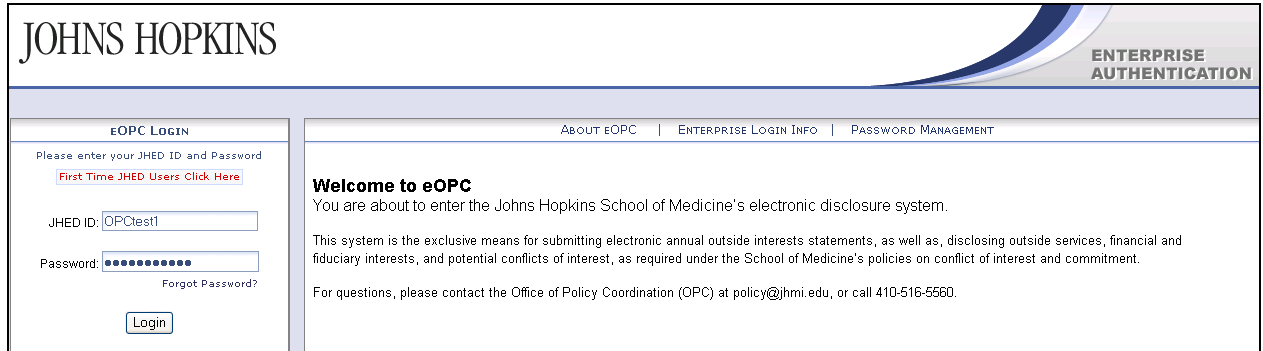


Figure 1

STEP 3: Once you have logged into eOPC, you will arrive at your **My Disclosures on File**. You will see an announcement that reads **“What brings you into eOPC today?”** (Figure 2).

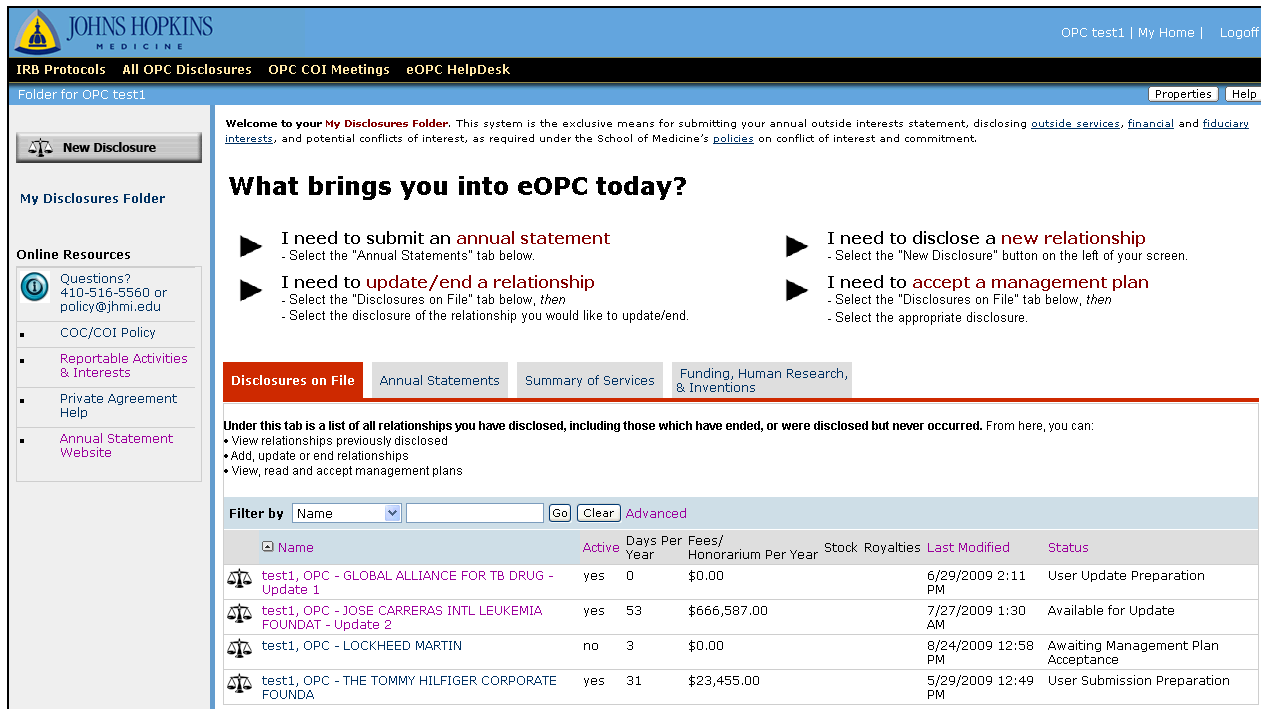
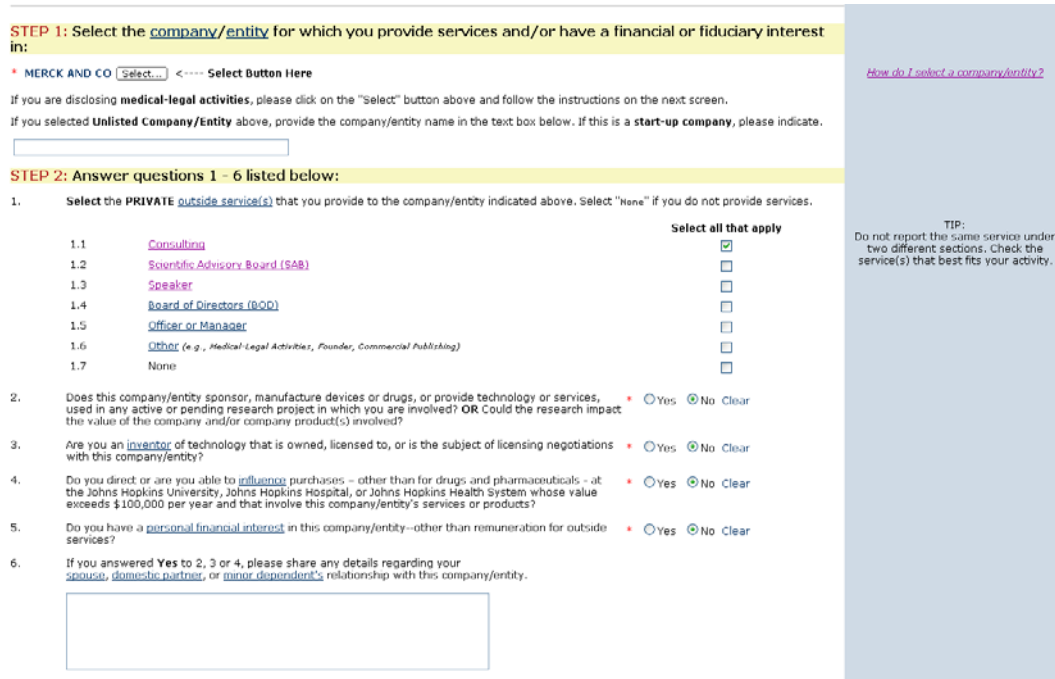


Figure 2

STEP 4: Select the **New Disclosure** button on the upper left of your screen. This button launches the eOPC disclosure form.

STEP 5: Answer all the questions in steps 1 and 2 of the disclosure form (Figure 3).



STEP 1: Select the company/entity for which you provide services and/or have a financial or fiduciary interest in:

* MERCK AND CO <---- Select Button Here

If you are disclosing **medical-legal activities**, please click on the "Select" button above and follow the instructions on the next screen.

If you selected **Unlisted Company/Entity** above, provide the company/entity name in the text box below. If this is a **start-up company**, please indicate.

STEP 2: Answer questions 1 – 6 listed below:

1. Select the **PRIVATE outside service(s)** that you provide to the company/entity indicated above. Select "None" if you do not provide services.

	Select all that apply
1.1 Consulting	<input checked="" type="checkbox"/>
1.2 Scientific Advisory Board (SAB)	<input type="checkbox"/>
1.3 Speaker	<input type="checkbox"/>
1.4 Board of Directors (BOD)	<input type="checkbox"/>
1.5 Officer or Manager	<input type="checkbox"/>
1.6 Other (e.g., Medical-Legal Activities, Founder, Commercial Publishing)	<input type="checkbox"/>
1.7 None	<input type="checkbox"/>

2. Does this company/entity sponsor, manufacture devices or drugs, or provide technology or services, used in any active or pending research project in which you are involved? OR Could the research impact the value of the company and/or company product(s) involved? * Yes No

3. Are you an inventor of technology that is owned, licensed to, or is the subject of licensing negotiations with this company/entity? * Yes No

4. Do you direct or are you able to influence purchases – other than for drugs and pharmaceuticals – at the Johns Hopkins University, Johns Hopkins Hospital, or Johns Hopkins Health System whose value exceeds \$100,000 per year and that involve this company/entity's services or products? * Yes No

5. Do you have a personal financial interest in this company/entity—other than remuneration for outside services? * Yes No

6. If you answered Yes to 2, 3 or 4, please share any details regarding your spouse, domestic partner, or minor dependent's relationship with this company/entity.

[How do I select a company/entity?](#)

TIP: Do not report the same service under two different sections. Check the service(s) that best fits your activity.

Figure 3

STEP 6: Select the **Continue** button to advance through the remainder of the disclosure form.

Please Note: *The additional information you will be asked to disclose is determined by your answers in Steps 1 and 2 of the disclosure form. For example, if you indicate you provide consulting in Step 1, you will later be asked additional consulting questions. If you do not indicate that you provide consulting, you will not be asked any further questions regarding consulting.*

STEP 7: Select the **Continue** button to advance through each section until you reach **Section 6.0 – Administrative**.

STEP 8: When you reach **Section 6.0 – Administrative**, if you are a faculty member in the **Departments of Neurology, Ophthalmology or Medicine**, select your **division** from the drop down box. Faculty from **all other departments** should select the appropriate department from the drop down box.

STEP 9: Select the **Continue** button.

STEP 10: Select the **Submit Disclosure** button to proceed (Figure 4).

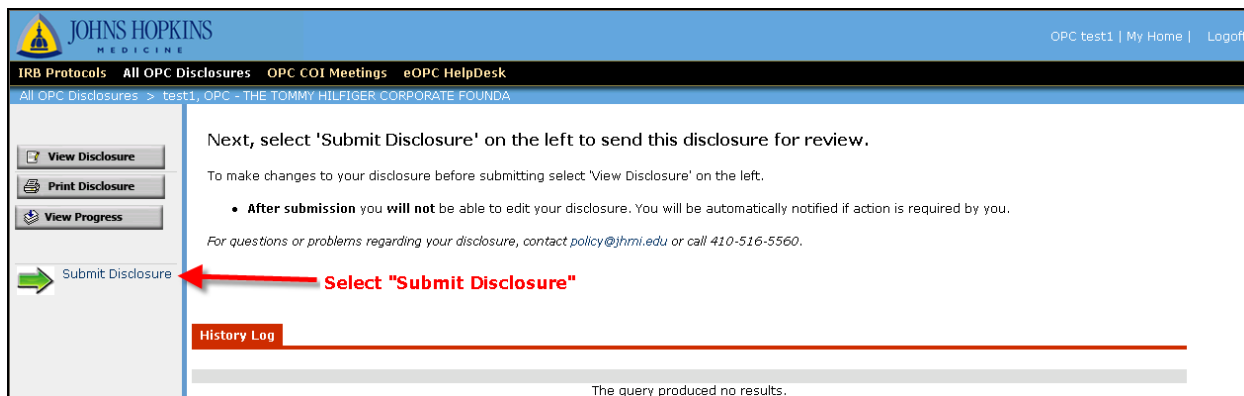


Figure 4

STEP 11: Read the **acknowledgment**, which will open in a pop up window, and check the box to indicate you agree that your disclosure is true and accurate (Figure 5).

Submit Disclosure

ACKNOWLEDGMENT

I Agree that the information I have provided in this disclosure, as it relates to Kiara Biosystems, is true and accurate to the best of my knowledge.

Comments: **Use the text area below to communicate any time sensitive deadlines or issues that may impact the processing of this disclosure.*

Selecting **OK** will automatically send this disclosure to the Office of Policy Coordination for review.

Once submitted, you **will no longer** be able to edit this disclosure.

IMPORTANT REMINDER In lieu of Director's approval, the OPC will now approve and review all outside services disclosed by faculty/staff/students. [Learn more...](#)

Select "**OK**" to save your answers and close the form.
Select "**Cancel**" to close this form with saving your answers.

Figure 5

STEP 12: Select the **OK** button to submit your disclosure to the Office of Policy Coordination for review.

Please Note: If you have not answered all required fields in the disclosure form, an error message will appear. You must then navigate back to the pages on which you need to provide required information.

STEP 13: Select **Logoff**, located in the top right corner of your screen.

Please allow the Office of Policy Coordination time to review your disclosure. If the Office of Policy Coordination has questions regarding your new relationship, you will be contacted via email. If the new relationship is approved, you will receive a notification via email to log into eOPC and review and accept your management plan.

If you have questions, please contact the OPC at 410-516-5560 or policy@jhmi.edu.