

# BCI Society

## **Conflict of Interest Disclosure Form**

The BCI Society aims for independence, objectivity, and diversity in all its activities. In order to avoid conflicts of interest, all Board nominees and Board members are required to fill out this Conflict of Interest Disclosure Form to disclose relevant financial and in-kind relationships with industrial parties acting in the BCI field, or other organizations that could represent a conflict of interest. Full disclosure is expected even when it is not clear whether or not a specific relationship constitutes a conflict of interest. Relevant financial interests are defined according to the criteria applied by the NIH, as listed in section D8 of <https://grants.nih.gov/faqs#/financial-conflict-of-interest.htm?anchor=52857>. Briefly, any financial interest larger than 5000 USD needs to be reported.

The completed conflict of interest disclosure form of Board nominees will be shared with the membership for evaluation during the election process.

The completed conflict of interest disclosure form of Board members are posted on the BCI Society website. Any relevant changes need to be reported to the Board within 30 days and the conflict of interest disclosure form needs to be updated accordingly.

**Please disclose all relationships over the previous three calendar years of yourself as well as of first-degree relatives.**

| <b>Nature of relationship or affiliation</b>   | <b>Company / Organization Name</b> | <b>Company / Organization Name</b> | <b>Company / Organization Name</b> |
|--|------------------------------------|------------------------------------|------------------------------------|
| <i>1. Equity interests</i><br>Equity interests (or entitlement to same) of stocks, stock options, royalties, etc., including income from patents or copyrights | Google<br>(stock holder)           | Neurable Inc.<br>(stock holder)    |                                    |
| <i>2. Director or employee</i><br>Service as a director or employment by a commercial organisation, whether or not remuneration is provided for such service   | WHOOP Inc.<br>(employee)           |                                    |                                    |
| <i>3. Owner enterprise</i><br>Sole ownership, partnership, or principal of a commercial enterprise   |                                    |                                    |                                    |
| <i>4. Ownership of patent(s)</i>   |                                    |                                    |                                    |

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|---|--|--|--|
| Please report patents related to industry and/or that have been sold/licensed.  |  |  |  |
| <i>5. Royalties</i><br>Receipt of royalties, including for intellectual property, such as a device or a diagnostic tool   |  |  |  |
| <i>6. Company consultant</i><br>Consultant to company including positions on medical or scientific advisory boards  |  |  |  |
| <i>7. Company speaker honoraria</i><br>Honoraria for speaking at company sponsored meetings or events.  |  |  |  |
| <i>8. Industry research grants</i><br>Research grants, partial or full salary support from commercial organisation for self or employees for whom you are managerially responsible (i.e. laboratory technical/research fellow). |  |  |  |
| <i>9. Other</i><br>Please indicate company/organization, conflict type, type of financial or other relationship   |  |  |  |

I confirm that I do not have any existing or known future conflicts of interest to disclose.

I have answered fully and to the best of my ability and will update this form promptly when my circumstances change.

Name: Davide Valeriani

Date: 19 March 2024