5. Please select all of the following descriptors that apply to your interest, activity, or relationship with the outside organization:

- **Consultant/Advisory Role**
  - Please select the Consultant/Advisory Role:
    - [ ] Consultant
    - [ ] Scientific Advisory Board
    - [ ] Strategic Advisory Board
    - [ ] Medical Advisory Board
    - [ ] Governmental Agency Consultant/Advisory (NOT including NIH/NSF or other federal agency study sections or proposal review committees)
  - Please describe the specific role: ____________________________________________
  - You indicated consultant, is there a written agreement? Note: Medical School faculty members are required to have a written contract with clear deliverables, a copy of which must be made available upon request.
    - [ ] Yes
    - [ ] No

- **Intellectual Property** (e.g., Royalties, Milestone, Option Fees, etc.)

- **Leadership Role:**
  - [ ] Trustee
  - [ ] Manager
  - [ ] President/CEO
  - [ ] Board of Directors
  - Please enter the Board of Director role (e.g., Member, etc.): ____________________________

- **Expert Witness**

- **Employee**

- **Honoraria/Academic Speaker** (Speakers bureau activities are prohibited by Michigan Medicine)

- **Loan to or from outside organization**

- **Lecturer** (e.g., teaching a course)

- **Equity Interest for Non-Publicly traded outside organization** (stock, stock option, other ownership or partnership interest)
  - Please select the equity interest % ownership:
    - [ ] Less than 5%
    - [ ] 5% or greater

- **Equity Interest for Publicly traded outside organization** (stock, stock option, other ownership or partnership interest)
  - Please select the equity interest % ownership:
    - [ ] 0 - 1%
    - [ ] 1% - 5%
    - [ ] >5%

- **Travel**

- **Volunteer/Community Service**

- **Editor**

- **Other (explain):** ____________________________________________