

## Suncoast Communities Blood Bank, Inc. Directors' Annual Financial Disclosure

This form is for members of the Board of Directors for their use in disclosing any personal or family conflict with the business interests of Suncoast Communities Blood Bank, Inc. (SCBB). It is to be returned within ten days of receipt to the Audit Committee for their review. In the event that the Audit Committee believes there may be a conflict of interest, they will contact you for a review of the disclosures and suggest a resolution of conflict if appropriate. *Please answer the following questions.*

1. Do you or any of your immediate family members have or have had in the past a consulting or substantial financial interest in any of the following:

- | Yes   | No    |  |
|-------|-------|--|
| _____ | _____ | A. A business which develops, tests, produces, or markets any product or service used in blood banking?  |
| _____ | _____ | B. A business which does business with SCBB in which you have a "substantial financial interest" or hold a position in such business as specified in the SCBB Conflict of Interest Policy? |
| _____ | _____ | C. A business which provides products or services to any supplier, vendor, customer, or employee of SCBB?  |
| _____ | _____ | D. Do you have outside professional or income-producing activities involving SCBB, its vendors, customers or employees?  |

2. If you are currently employed, please list all current employment and the nature of your employment.

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If you answered **YES** to any of the parts of question 1, please provide a separate detailed written description of the reasons for that answer.

I hereby acknowledge that I have read and understand the SCBB Conflict of Interest Policy and I have answered the above questions to the best of my knowledge. I will update this disclosure in the event that my circumstances change.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

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