

RESEARCH CONFLICT OF INTEREST DISCLOSURE FORM

(Refer to [HOOP 94](#) and the [Research COI website](#) for additional information)

NAME: _____ DEPARTMENT/SCHOOL: _____

JOB TITLE: _____ PROJECT PERIOD: _____

RESEARCH PROJECT TITLE: _____

YOUR ROLE (e.g., PI, Co-Investigator, Research Coordinator, Data Manager, etc.): _____

RESEARCH SPONSOR: _____

If funded by a Sub-contract to UTHealth, list the original Funding Agency (e.g., NIH): _____

If funded by UTHealth internal funds (e.g., gift, endowment, department/school funds), list account name and/or the institutional official (e.g., Dean, dept. Chair, program director) making the funding decision: _____

1. YOUR FINANCIAL INTERESTS AND/OR RELATIONSHIPS

You have indicated that you have a financial interest and/or personal relationship with a company, foundation, organization, etc. ("entity") that is associated with this research (e.g., sponsor, licensee, donor, provider of reagents/equipment/services, etc.) or with the technology to be studied.

A. Name of the entity: _____

B. Briefly describe the entity's business and its relationship to this research:

C. Indicate your financial interests and relationships that are related to the entity and/or to this research. Check all that apply.

<u>Financial Interests and Relationships</u>	<u>Reporting for?</u>		<u>\$ Value in Prior</u> <u>12 months?</u>	<u>Anticipated \$ Value in</u> <u>Next 12 Months?</u>
	Yourself	Family Member ¹		
Lectures, Speakers Bureau				
Consulting, Advising				
Scientific Advisor, Scientific Advisory Board				
Data Safety Monitoring Board				
Management or Executive Position				
Board Member, Officer, Director				
Provide Education, CME, develop educational materials				
Employment, Independent Contractor				
Intellectual Property Rights (personal ownership)				
Royalties (do <u>not</u> include payments from UTHealth)				
Gifts > \$250 in Value				
Sponsored or Reimbursed Travel				
Stock Ownership, Business Ownership				
Stock Options				
Other: <div></div>				

For stock, stock options, and/or business ownership, provide your aggregated interests:

Stock Shares: # Stock Options: % Business Ownership:

D. Describe how your financial interests and/or relationships might have the potential to affect, or be affected by, this proposed research:

2. OTHER FINANCIAL INTERESTS

- A. Are you aware of any financial interests or personal relationships held by your supervisor (including a department Chair, or a graduate or postdoctoral advisor) that are related to this entity or to the research?
- ☐ NO ☐ YES /describe: _____
- B. Are you aware of any financial interests held by UT System, UTHealth, and/or officials of UT System or UTHealth (e.g., President, Vice Presidents, Deans, Assistant/Associate Deans) that are related to this entity or to the research?
- ☐ NO ☐ YES /describe: _____
- C. Do any UTHealth employees or trainees who will work on this project AND report to you have any financial interests or personal relationships that are related to this entity or to the research?
- ☐ NO ☐ YES /describe: _____

3. INTELLECTUAL PROPERTY

- A. Does this research involve the use, study, or validation of any intellectual property (e.g., patents or patent applications, inventions, discoveries, devices, licenses, copyrights of software or educational materials)?
- ☐ NO ☐ YES
- B. If YES, who holds the rights and/or licenses to the intellectual property?
- ☐ I am uncertain who holds the rights and/or licenses.
- ☐ I and/or a family member¹ personally own the intellectual property rights.
- ☐ The entity described in this disclosure.
- ☐ Another commercial entity /describe: _____
- ☐ UTHealth/UT System.
- ☐ Another institution of higher education (describe: _____)

4. MANUFACTURE OR COMMERCIALIZATION OF RESEARCH RELATED ITEMS

Will the entity manufacture and/or commercialize any drug, device, procedure, software, educational material, or other item associated with this research or that will result from this research?

☐ NO ☐ YES ☐ Uncertain ☐ Not Applicable

If YES, please describe:

5. EXPERIMENTAL ANIMALS

Will animals be used in this research?

☐ NO ☐ YES (If YES, provide AWC Protocol Number and status of review: _____)

6. HUMAN SUBJECTS

Does this research involve Human Subjects?

☐ NO ☐ YES (If YES, provide the following information in items A-E)

- A. CPHS Protocol Number and status of review: _____
- B. Do you and/or a family member¹ have a financial interest in any facility that will provide healthcare services to the study participants?
- ☐ NO ☐ YES /describe: _____
- C. Will you recruit or select study participants?
- ☐ NO ☐ YES /describe: _____
- D. Will you participate in any portion of the informed consent process?
- ☐ NO ☐ YES /describe: _____

7. QUALIFICATIONS

Describe why you believe you should participate in the study given your potential financial conflict of interest. Describe your qualifications (e.g., investigator expertise, institutional resources, access to particular patient populations, nature of the science, level of risk in the study).

8. RESEARCH PERFORMANCE SITES

Indicate all sites where the UTHealth research will be performed:

9. DESCRIPTION OF RESEARCH

Summarize the proposed research using non-technical language. Briefly describe the purpose, research design, procedures to be used, and the importance of the knowledge that may reasonably be expected to result from the research.

10. YOUR ROLE(S) IN THE RESEARCH

A. Did you design the research?

☐ NO ☐ YES /describe: _____

B. Will you collect the data?

☐ NO ☐ YES /describe: _____

C. Will you analyze and/or interpret the data?

☐ NO ☐ YES /describe: _____

D. Will you write reports?

☐ NO ☐ YES /describe: _____

E. Will you publish or present the research?

☐ NO ☐ YES /describe: _____

F. Will you identify and/or adjudicate adverse events?

☐ NO ☐ YES /describe: _____

11. EXISTING MANAGEMENT PLAN

A. Do you have an existing UTHealth Management Plan for your financial interests indicated in this disclosure?

☐ NO ☐ YES

B. If YES, please review your Management Plan and describe how the research represented in this disclosure could be managed by your existing Plan, or if you feel additional safeguards might be required to ensure objectivity in the design, conduct, or reporting of the research:

12. CERTIFICATION

By submitting this form, I certify the following:

- I understand that I am responsible for complying with the UTHealth *Research Conflicts of Interest Policy* (HOOP 94).
- If this is a new disclosure of financial interests, I understand that UTHealth may implement a Management Plan to eliminate or manage actual or potential financial conflicts of interest in the research, and I must comply with any such Plan.
- I agree to notify the COI Office within 30 days of any changes in this disclosure.
- I understand that this research may not be initiated, nor may any funds be expended on this research, until the Senior Executive Vice President for Academic and Research Affairs determines that either no financial conflict of interest exists or approves a Management Plan.
- The information provided in this disclosure is true and correct to the best of my knowledge.

Signature: _____ Printed Name: _____ Date: _____

Send signed/dated form to COI Office: campus mail to UCT 1510, or email to Research_COI@uth.tmc.edu

¹ A family member is defined here as: (1) spouse; (2) dependent child or stepchild; (3) any individual financially dependent on you; and (4) any person with whom you have joint financial interests such that an objective third party could reasonably conclude that your decisions or other exercise of professional responsibilities at UTHealth could be influenced by the effect of the action on your financial interest.