RESEARCH CONFLICT OF INTEREST CERTIFICATION FORM

Name:

Job title/department/program/school:

Research sponsor:

If this is a subcontract, list original funding agency:

If funded internally, list account name/UTHealth official making funding decision:

Research project title:

COVERED INDIVIDUALS: All Covered Individuals designated by the PI as responsible for the design, conduct, or reporting of this research must certify whether they or their family members hold any Significant Financial Interests related to the proposed research. Family members include spouse, dependent children/step-children, any person financially dependent upon you regardless of legal/biological relationship, and any person with whom you have joint financial interests.

DEFINITION OF SIGNIFICANT FINANCIAL INTEREST:
• From a publicly-traded entity: Compensation in the preceding 12 months (includes payment for services such as consulting, advising, lectures, honoraria, paid authorship; reimbursed or sponsored travel; and royalties, fees, and rights to such interests) and the value of stock, stock options, or ownership interests held on the date of disclosure, that when aggregated exceeds $5,000.
  (Does not include interests in mutual funds/retirement accounts, or royalties and other fees paid to you by UTHealth.)
• From a private entity: Compensation (see above) in the preceding 12 months that when aggregated exceeds $5,000.
• From a private entity: Any amount of stock, stock options, ownership interests, or rights to such interests.
• Service as an officer, director, or other fiduciary position for an outside entity from which the individual received remuneration or payment for expenses in the preceding 12 months.
• Gifts received from an outside entity in the preceding 12 months that exceed $250 in value.

DISCLOSURE: Based upon the definitions above, answer each of the following questions.

YES   NO
1) Do you or a family member participate in an outside activity with the research sponsor that would be defined as a Significant Financial Interest (see definition above)?

2) Do you or a family member own stock, stock options, business ownership, or rights to such interests in the research sponsor, that would be defined as a Significant Financial Interest (see definition above)?

3) Do you or a family member personally own rights to the technology that will be studied or validated in the proposed research? (Does not include intellectual property owned by UTHealth.)

4) Do you or a family member have a Significant Financial Interest (see definition above) in an entity that owns or licenses the technology that will be studied or validated in the proposed research?

5) Do you or a family member have any other personal relationship or financial interest that could appear to affect, or be affected by, the proposed research?

6) Do you have an existing UTHealth Research Conflict of Interest Management Plan for this sponsor, or for the technology that will be studied or validated in the proposed research?

7) Are you aware of any Significant Financial Interest (see definition above) held by your supervisor (including a department chair, or a graduate or postdoctoral advisor) with the sponsor, or in the technology that will be studied or validated in the proposed research?

ADDITIONAL REQUIRED DISCLOSURE:

YES   NO
1) Have you submitted your current Financial Disclosure Statement? A current annual disclosure must be on file when research is proposed. (If you are not a UTHealth employee or trainee, contact the UTHealth department that sent you this form for assistance, or Research_COI@uth.tmc.edu.)

CERTIFICATION:
I certify that I have read and understand the UTHealth Research Conflicts of Interest Policy and will comply with all applicable laws and UTHealth rules and policies governing conflicts of interest. I understand that I am required to notify UTHealth within 30 days if there are any changes in my disclosure. I certify that to the best of my knowledge the foregoing information is true and correct.

__________________________  ____________________________  ________________
Signature  Printed Name  Date

Jan 2019