

CONFLICT OF INTEREST DISCLOSURE FORM Sub-recipient Institutions

Conflict of Interest Disclosure applies to any member of the research team responsible for the design, conduct or reporting of research (each a "Covered Individual")

Sub-recipient Institution Name: _____

Project Title: _____

Sub-recipient organization/institution hereby certifies that it has a conflict of interest policy which conforms to the requirements of all applicable regulations, including but not limited to those set forth in 45 CFR Part 94 and 42 CFR Part 50, Subpart F.

YES

(If yes, please answer either a or b below).

(a) Sub-recipient organization/institution certifies that all personnel involved in the design, conduct and reporting of research data on the above named project disclosed to the Institution's designated official(s) the Investigator's significant financial interests and **none of the personnel involved** has an identified Financial Conflict of Interest.

(b) Sub-recipient organization/institution certifies that all personnel involved in the design, conduct and reporting of research data on the above named project have disclosed to the Institution's designated official(s) the Investigator's significant financial interests. The personnel listed below have an identified Financial Conflict of Interest which is being managed, reduced or eliminated by the sub-recipient organization/institution.

NO

Sub-recipient organization/institution does not have an active and/or enforced conflicts of interest policy and hereby agrees to comply with The University of Texas Health Science Center at Houston policies relating to financial conflicts of interest in accordance with 45 CFR Part 94 and 42 CFR Part 50, Subpart F. In compliance with 45 CFR Part 94 and 42 CFR Part 50, Subpart F and UTHealth's policy, prior to the submission of the application the sub-recipient will: **(1)** complete the required [RCOI education](#) **(2)** submit a [Research COI Certification Form](#) ; 2a) if there are related significant interests for a project, submit a [Research COI Disclosure Form](#) ; **(3)** Submit an [Annual Financial Disclosure Statement](#) . Prior to engaging in any work, all sub-recipients must submit the appropriate disclosures to UTHealth and any financial conflict of interest must be identified and managed.

Sub-recipient organization/institution certifies that the information provided above is(are) true and accurate to the best of its knowledge and further certifies that site and principal investigator shall comply with 45 CFR Part 94 and 42 CFR Part 50, Subpart F, responsibilities regarding conflicting interests of investigators. Sub-recipient organization/institution will notify UTHealth within 30 days of any changes to a covered individual's status as it pertains to Financial Conflict of Interest.

Signature of Authorized Representative

Date

Printed Name

Title