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 ; (3) 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