

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 INTERESTS:**
- 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.
 - 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.

Do you or your family member(s) have any significant financial interest related to this research? YES NO

If yes, please give more details and check all the options that apply to this significant financial interest:

- Compensation for an outside activity (consulting, advising, lectures, honoraria, paid authorship; sponsored travel etc.) from the research sponsor.**
- Any stock, stock options, business ownership, or rights to such interests in the research sponsor.**
- Ownership interest or rights to the technology that will be studied in the proposed research.**
- Financial interest in an entity that owns or licenses the technology that will be studied in the proposed research.**
- Any other personal relationship or financial interest that could appear to affect, or be affected by, the proposed research.**

Please describe the financial interest briefly:

- FINANCIAL DISCLOSURES:**
- Remember that a **current [financial disclosure statement](#)** MUST be on file by all covered individuals when research is proposed. If a covered individual is not a UTHealth employee or trainee, and they have not completed a financial disclosure statement at their home institution, they must contact the Conflict of Interest Office at Research_COI@uth.tmc.edu.
 - If you have any questions about significant financial interests related to research, please contact the Conflict of Interest Office at 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 _____ Date _____