

STATEMENT OF INTEREST FORM

POLICIES AND PROCEDURES ON CONFLICT OF INTEREST (Applicable to all Sponsored Grants or Contracts)

University of North Texas Health Science Center and Federal regulations require that investigators disclose any Financial Interest or outside time and/or commitment interest issues that may present an actual or potential conflict of interest in relationship to all grants and contracts. Such disclosures must be made **prior to the submission of any proposal**. In the event of potential conflicts specific mechanisms must be in place by which disclosed conflicts of interest are satisfactorily managed, reduced, or eliminated prior to any funds or an award being available to the investigator. If a new potential conflict of interest arises at any time during the period from proposal submission through the period of the award, the filing of an updated disclosure is required.

Definitions:

“Investigator” UNTHSC personnel who are the principal investigator/project director, co-principal investigators, including post-doctoral fellows, residents and students or any other person at the Health Science Center who is responsible for the design, conduct, or reporting of research, educational, or service activities.

“Financial Interests” means anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interest (e.g., stocks, stock options or other ownership interest); and intellectual property rights (e.g., patents, copyrights and royalties from such rights) held by an investigator and the investigator's spouse or dependent children.

Potential Conflicts do not include:

- (1) Salary, royalties, or other remuneration from UNTHSC;
- (2) Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;
- (3) Income from service on advisory committees or review panels for governmental entities;
- (4) Equity interests such as mutual funds that are unrelated to the research projects or to the educational or time and commitment responsibilities of the investigator and over which the investigator holds no investment management control.
- (5) Salary, royalties or other payments that are unrelated to the research projects, research commitments or to educational, time and commitment responsibilities of the investigator.
- (6) Time or Effort commitments that are unrelated to employment responsibilities of the investigator.

Each Investigator shall disclose all Financial Interests:

- (i) of the Investigator including spouse and dependent children
- (ii) that would reasonably appear to be affected by the research, educational, or service activities funded, or proposed for vending, by an external sponsor
- (iii) in entities whose Financial Interests would reasonably appear to be affected by such activities.

Each Investigator shall disclose all outside time and commitment issues:

- (1) that might impinge upon time and commitment integral to UNTHSC employment.

Disclosure Procedures:

All Investigators must disclose their Financial Interests and time and commitment interests utilizing this form and attaching all required supporting documentation. This completed form must be submitted to the Office of Research: CBH 144. Any documentation should be in a sealed envelope marked **“CONFIDENTIAL”** (to the extent permitted by Texas Law).

STATEMENT OF INTEREST FORM

**POLICIES AND PROCEDURES ON CONFLICT OF INTEREST
(Applicable to all Sponsored Grants or Contracts)**

Investigators Name: _____

Department/Unit: _____

Proposal Title: _____

Submitted To: _____

“**Financial Interests**” means anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interest (e.g., stocks, stock options or other ownership interest); and intellectual property rights (e.g., patents, copyrights and royalties from such rights) held by an investigator and the investigator's spouse or dependent children (**see page 1 for exempt interests**).

I disclose the following interests (check appropriate item) and attach supporting documentation (in an envelope marked “confidential”) that identifies the business enterprise or entity involved and the nature of the outside interest:

- _____ Salary or other payment for services (e.g., consulting fees or honoraria).
- _____ Equity interests (e.g., stocks, stock options, or other ownership interests).
- _____ Intellectual property rights (e.g., patent, copyright, royalties from such rights).
- _____ Financial Interests of the investigator that possibly could affect or be perceived to affect research, educational, or service activities (see page 1).
- _____ Outside time and commitment interest issues of the Investigator that possibly could affect or be perceived to affect employment, research, educational, or service activities.

Further I agree:

- To update this “Potential Conflict of Interest Disclosure Form” during the period of the award as new reportable Financial Interests are obtained.
- To comply with any conditions or restrictions imposed by the UNTHSC to manage, reduce, or eliminate actual or potential conflicts or forfeit the award.
- To read and understand the UNTHSC Policy and Procedures on Conflict of Interest and to disclose all interests as required by it.
- To be committed to the highest intellectual, integrity and ethical standards in all aspects of research.
- To incorporate the values of fairness, objectivity and public trust into the oversight of the training experiences of students.

Signed: _____ **Date:** _____

(Original signature required – "designee signature" is unacceptable)

I have reviewed the above Statement of Interest Form. Potential Conflict of Interest Issues that have been disclosed will be referred to, and reviewed by, the Conflict of Interest Committee for recommendation of steps to manage, reduce, or eliminate actual or potential conflicts of interest. Subject to committee recommendations, the proposal, with respect to Conflict of Interest, is compliant for submission to the sponsor agency.

Department/Unit Head:

Signed Date

**Associate V.P., Research
(or designee)**

Signed Date

Potential Conflict of Interest Disclosure Form

To be completed by all UNTHSC Investigators for each potential Conflict of Interest.

Investigator's Name: _____

UNTHSC Address: _____

Office Telephone: _____

E-mail Address: _____

Entity related to current or prospective potential Conflict of Interest: _____

1. Value of Income from entity (including fair value of non-monetary payments): \$ _____

2. Basis for payments, gifts, or gratuities to you or your family:

Participation as employee

Consultant or occasional lecturing

Service on Advisory or Directors' Boards

Writing commissioned papers or reports

Payments, not through UNTHSC's intellectual property royalty distributions

Other: _____

3. Nature of and extent of ownership interest In entity:

Stocks or Stock options: # _____ % of outstanding shares: _____ %

Partnership: _____ % of partnership: _____ %

Other: _____

4. Potential Conflicts of Time or Commitment: _____

5. Please attach on a separate sheet a description of efforts already taken, or being taken, to oversee and/or manage potential Conflicts of Interest.

Please sign below to certify:

(i) that you have fully and to the best of your ability completed this disclosure form,

(ii) that you will update your disclosure form promptly if relevant circumstances change; and

(iii) that you understand and comply with the UNTHSC Policy on Conflicts of Interest.

Signature: _____ Date: _____

Please return this form to the Office of Research, CBH 144

CONFIDENTIAL (To the extent permitted by Texas Law)

**University of North Texas
Health Science Center**

Potential Conflict of Interest Questionnaire

Today's Date: _____

Investigator: _____

Name of Entity (e.g. sponsoring company): _____

Date of Participation (e.g. date of agreement): _____

Describe all areas of research conducted at UNTHSC including outside collaborative research:

Describe the involvement of human subjects:

Describe the involvement of UNTHSC students, post-docs, residents (e.g. education, mentoring):

Terms and Conditions of sponsorship (compensation e.g. cash, stock options, gifts):

Potential Conflict of Interest Questionnaire

Investigator: _____

Company: _____

Please describe the following:

- The nature of the Potential Conflict of Interest
Examples: Money - amount of compensation
Equity - number of shares, options, common stock, etc.
Consulting arrangement - list amount of time in hours or as %
Time - e.g. Scientific Advisory Board - list amount of time

- Your participation in the affairs of the sponsor
(e.g. Board of Directors, Scientific Advisory Board, Business Advisory Board, Consultant, etc.)

- The implications of the relationship upon your research, patient care responsibilities and/or student/trainees education/mentoring activities

Please use additional sheets as needed