

**COI TRAVEL DISCLOSURE**Upload into RD2K as necessary. [See instructions.](#)

If you are a PHS-funded investigator<sup>1</sup> or if your funding agency follows the PHS regulations,<sup>2</sup> any reimbursed or sponsored travel paid by a third-party entity (including non-profit organizations) **and related to your institutional responsibilities**<sup>3</sup> must be disclosed within 30 days of your return from travel. Failure to do so may delay the submission of proposals or the release of research funding.

Disclosure is not required for travel sponsored by or reimbursed by a government agency, a U.S. Institution of higher education or a research institute affiliated with such, a U.S. medical center, or a U.S. academic teaching hospital.

**Disclosures are required to be reviewed by the University of Houston Conflict of Interest Committee. To avoid potential delays, please be as detailed and specific as possible.**

Name:

Department:

Unit/College:

**Position (check one):**

Faculty

Research Faculty

Academic/Research Staff

Grad/Undergrad Student

External Investigator. Home institution/organization:

**Name of third-party entity sponsoring or reimbursing travel:**

**Please provide a short summary of how the third party sponsored travel is related to your institutional responsibilities<sup>3</sup>:**

<sup>1</sup> **Agencies within the Public Health Service:** Administration for Children and Families (ACF); Administration on Aging (AoA); Agency for Healthcare Research and Quality (AHRQ); Agency for Toxic Substances and Disease Registry (ATSDR); Centers for Disease Control and Prevention (CDC); Centers for Medicare & Medicaid Services (CMS); Federal Occupational Health (FOH); Food and Drug Administration (FDA); Health Resources and Services Administration (HRSA); Indian Health Service (IHS); National Institutes of Health (NIH); Substance Abuse and Mental Health Services Administration (SAMHSA)

<sup>2</sup> Many non-Public Health Service Agencies are now requiring compliance with Public Health Service Conflict of Interest Standards and Thresholds; for example: Alliance for Lupus Research (ALS), American Asthma Foundation (AAF), American Cancer Society (ACS), American Heart Association (AHA), American Lung Association (ALA), Arthritis Foundation (AF), Juvenile Diabetes Research Foundation International (JDRF), Lupus Foundation of America (LFA), Susan G. Komen Breast Cancer Foundation. **Please note: these are updated often; verify with your funding agency whether the acceptance of an award requires compliance with the PHS policy.**

<sup>3</sup> **Institutional Responsibilities** - Investigators' professional responsibilities on behalf of the Institution including, but not limited to, activities such as research, research consultation, teaching, professional practice, Institutional committee memberships, and service on panels such as Institutional Review Boards and Data Safety Monitoring Boards. All duties referred to in the University of Houston Faculty Handbook are considered Institutional Responsibilities.

Consider whether the payment for travel by the third party, alone or aggregated over the year, has potential to (or could be perceived to) affect the design, conduct, or reporting of your federally funded research or educational activities:

No, I do not believe a real or perceived conflict exists

Yes, there is potential for real or perceived conflict

Explain:

Provide the following information with regard to the reimbursed or sponsored travel:

A. Describe the purpose of the trip:

B. Provide the travel destination:

C. Provide the dates of travel:

D. Dollar amount of sponsored/reimbursed travel:

\$0-\$2,999

\$3,000-\$4,999

\$5,000-\$9,999

\$10,000-\$19,999

\$20,000-\$39,999

\$40,000-\$59,999

\$60,000-\$79,999

\$80,000-\$99,999

\$100,000 and above. Specify amount \$

Either attach a copy of this disclosure to your certification form (if disclosing prospectively at the time of annual certification) or upload directly into RD2K. All Department Business Administrators have access to RD2K. If you would like to have individual access to upload your own documents, please contact the DOR, Research Information Center personnel. See [submission instructions](#) (CougarNet credentials required).

## INVESTIGATOR SIGNATURE

In submitting this form, I certify that the above information is true and complete to the best of my knowledge.

Principal Investigator Signature

Date