UNIVERSITY of HOUSTON | RESEARCH

CERTIFICATION OF COMPLIANCE WITH THE POLICY ON CONFLICT OF INTEREST FOR ACADEMIC FACULTY AND STAFF

September 1, 2015 to August 31, 2016 (FY2016)

Need Help? Call 713-743-9255

Upload completed packet, with signatures, into RD2K (see instructions) or consult your Departmental Business Office.

Certification is required for all investigators. The term "Investigator" means the Project Director or Principal Investigator, Co-Investigators, and any other persons, regardless of title or position, who are responsible for the design, conduct, or reporting of proposed or funded research activities.

***Compliance Guidance*: Consider all personnel designing, conducting, or reporting research.**

- ***Principal investigators, co-investigators, and key personnel listed on a proposal always meet this threshold.***
- ***Other positions (for example: study coordinators, statisticians, and non-paid personnel) may also meet this threshold based on their role in the research.***
- ***If you are a collaborator or sub-recipient/subcontractor engaged in research awarded to another institution, certification under the UH policy is required.***

A conflict of interest often arises out of the fact that a mission of the University is to promote public good by fostering the transfer of knowledge gained through university research and scholarship to the private sector. Such a conflict between academic impartiality and potential for personal financial gain requires transparency and possible management to maintain the integrity of the research.

A Financial Conflict of Interest (FCOI) exists when the Institution, through its designated official(s), reasonably determines that an Investigator's Significant Financial Interest could directly and significantly affect the design, conduct, or reporting of proposed or funded research[1].

Please review the Conflict of Interest policy on the Division of Research website prior to completing this form: http://www.uh.edu/research/compliance/coi/COI_Policy/

Name/Employee #:

College/Dept/Center:

Title:

Position (check one):

☐ Faculty ☐ Research Faculty ☐ Academic/Research Staff ☐ Grad/Undergrad Student

Percent University Appointment:

☐ External Investigator Home institution/organization:

Check one: This is the first time I have submitted a COI certification at UH. ☐ Yes ☐ No

Failure to submit an updated form may delay the submission of proposals or the release of research funding.

For questions regarding the Policy and/or the certification and disclosure process, contact COI@central.uh.edu.

1 or National Science Foundation funded educational activities

RESEARCH PROPOSALS/FUNDING **This section applies to all.**

Indicate all agencies from which you receive funding through the University of Houston for research activities, either directly or through a subcontract. *Include agencies to which you are currently applying for funding, as well as research contracts.*

Public Health Service/DHHS Agencies (includes all components of named agency)

- ☐ National Institutes of Health (NIH)
- ☐ Administration for Children and Families
- ☐ Administration for Community Living/Administration on Aging
- ☐ Agency for Health Care Research & Quality (AHRQ)
- ☐ Agency for Toxic Substances and Disease Registry (ATSDR)
- ☐ Centers for Disease Control & Prevention (CDC)
- ☐ Food and Drug Administration (FDA)
- ☐ Health Resources and Services Administration (HRSA)
- ☐ Indian Health Service (HIS)
- ☐ Substance Abuse and Mental Health Services Administration (SAMHSA)
- ☐ Office of Global Affairs
- ☐ Office of the Assistant Secretary for Health (OASH)
- ☐ Office of the Assistant Secretary for Preparedness and Response (ASPR)

☐ **Non-Public Health Service Agencies** that require compliance with PHS Conflict of Interest Policy (see footnote below)[2]

Specify: _____

☐ **National Science Foundation (NSF)**
(includes both research and educational activites)

Other Funding not listed above

- ☐ UH Internal Awards (e.g., GEAR, Small Grants, New Faculty)
- ☐ Other Grant/Contract Funding Not Listed Above:

Specify: _____

If any project indicated above is supported by an **SBIR/STTR**[3] award, please indicate phase below:

☐ Phase I ☐ Phase II ☐ Phase III ☐ Does not apply

2 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.

3 SBIR – Small Business Innovation Research; STTR - Small Business Technology Transfer

SIGNIFICANT FINANCIAL INTERESTS This section applies to all.

Certification questions below should be answered "YES" only if ALL of the following criteria are met:

- **The financial interest belongs to you, your spouse and/or dependent child(ren);**
- **The financial interest reasonably appears to be related to your institutional responsibilities[4] on behalf of the University of Houston; AND**
- **The financial interest may have the perceived potential to directly and significantly affect the design, conduct, or reporting of research[5].**

The following DO NOT require disclosure:

- Financial interests that do not reasonably appear to be related to your institutional responsibilities;
- Salary, royalties, or other remuneration paid to you by the University of Houston;
- Income from seminars, lectures, or teaching engagements sponsored by a federal, state, or local government agency; a U.S. Institution of higher education or an associated research institute, a medical center, or an academic teaching hospital;
- Income for services (e.g., honoraria, advisory committees, and review panels) and travel expenses paid by a federal, state, or local government agency; a U.S. Institution of higher education or an associated research institute, a medical center, or an academic teaching hospital;
- Income from investments in mutual funds or retirement accounts, as long as you do not directly control the investment decisions made in these vehicles (for example, an interest in a pooled fund)
- SBIR and STTR Program Phase I awards to small businesses

☐ YES ☐ NO	1. Have you or your immediate family member(s) received remuneration (e.g. non-UH salary or payment for other services such as consulting, honoraria, paid authorship/book royalties) from a **publicly traded[6] entity** that, when aggregated over the past 12 months, exceeds $10,000 **($5,000 for PHS-funded investigators)**?
☐ YES ☐ NO	2. Do you or your immediate family member(s) own stock in a publicly traded company, where the value of the stock exceeds $10,000 **($5,000 for PHS-funded investigators)** at the time of this certification?
☐ YES ☐ NO	3. Do you or your immediate family member(s) receive a combination of the above two items (stock at the time of certification and income received in the preceding 12 months) that exceeds $10,000 **($5,000 for PHS-funded Investigators)**
☐ YES ☐ NO	4. Do you or your immediate family member(s) currently hold any amount of equity (stock, stock options, or other ownership interest) in a non-publicly traded entity, including a start-up company?
☐ YES ☐ NO	5. Have you or your immediate family member(s) received remuneration from a **non-publicly traded entity** that when aggregated over the past 12 months, exceeds $5000?
☐ YES ☐ NO	6. Do you or your immediate family member(s) serve as director, trustee, officer, or other key employee in a for-profit corporation, partnership, business, or other entity outside of the University of Houston?

For any "YES" answers, complete the appropriate Disclosure Form(s). Attach form(s) to this certification prior to routing for required signatures:

- For financial interests related to licensed Intellectual Property: COI IP Disclosure Form
- For all other significant financial interests: SFI Disclosure Form

[4] **Institutional Responsibilities** - Investigators' professional responsibilities on behalf of the Institution (e.g. research, research consultation, teaching, professional practice, service on Institutional committees, panels, DSMB.) All duties outlined in the UH Faculty Handbook

[5] or NSF funded educational activities

[6] A company whose stock is available for purchase by the general public

PROCUREMENT

This question is related to compliance with Texas Government Code 2261.252 and must be answered regardless of potential affect on research.

☐ YES ☐ NO 1. Will you be purchasing, or recommending or approving the purchase of, goods or services for the University of Houston from an entity with which you or a family member are an officer, agent, employee, or member or with which you or a family member have a direct or indirect financial or other interest?[1]

If "yes" is checked to the question above, your certification will be forwarded to the UH Office of Finance for further review; this review may result in additional management requirements. For questions regarding Senate Bill 20, please contact mtglisson@central.uh.edu.

INTELLECTUAL PROPERTY ☐ This section does not apply.

Do you/your family currently receive royalties from licensed Intellectual Property rights (e.g. patents, copyrights, trademarks) that reasonably appear to be related to your research or research collaborations? **If yes:**

☐ YES ☐ NO 2. Do you receive royalties from an entity other than the University of Houston?

☐ YES ☐ NO 3. If royalties are paid through the University of Houston, do you/your family have a financial interest in the entity that licenses the Intellectual Property?

If "YES" is checked for either 1. or 2. above, please complete a COI Intellectual Property Disclosure Form and attach it to this certification prior to routing for required signatures.

THIRD PARTY TRAVEL ☐ This section does not apply.

The following questions apply ONLY to investigators receiving or applying[2] for National Institutes of Health (NIH) or other Public Health Service Funds. Others may skip to the Investigator Certification section below.

If not disclosed previously, in the past 12 months:

- Have you taken any travel sponsored/reimbursed by an applicable[3] third-party? ☐ YES ☐ NO
- Is this travel related to your institutional responsibilities? ☐ YES ☐ NO

If the answer to both of these questions are "YES," please complete Travel Disclosure Form and attach it to this certification prior to routing for required signatures. If travel details are unknown at the time of annual certification, the form must be submitted no later than 30 days following your return.

[1] Family members include the following relatives of the employee: child, parent, spouse, sister, brother, grandchild, grandparent, mother-in-law, father-in-law, son-in-law, daughter-in-law, stepson, stepdaughter, stepmother, stepfather, brother-in-law, sister-in-law, spouse's grandparent, spouse's grandchild, grandchild's spouse, or the spouse of a grandparent.

[2] *Investigators who are applying for PHS-funded research must disclose this information no later than at the time of grant application. [3] Travel does not require disclosure if the third-party entity reimbursing or sponsoring the travel is 1) a federal, state, or local government agency; 2) An institution of higher education as defined at 20 U.S.C. 1001(a); or 3) An academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

INVESTIGATOR CERTIFICATION

By submitting this form, I certify that the above information and the information on the attached disclosure (if applicable) is true and complete to the best of my knowledge, and that:

☐ I have read and agree to follow the University of Houston Policies related to Conflict of Interest:

- MAPP 02.04.07
- SAM 01.G.01
- Policy on Conflict of Interest for Academic Staff

☐ (For those funded by or submitting proposals to **PHS Agencies** (such as NIH) or other agencies who require federally-mandated FCOI training), I have completed the UH Conflict of Interest training requirement within the last 4 years. Refer to these instructions (PDF) for how to access the FCOI modules.

Signature: _____ Date _____

REMINDER

As a reminder, updated disclosures are required annually with submission of certification, and:

- Within 30 days in the case of any new acquisitions or discovery of new significant financial interests
- At the time of application for new funding, if current financial interests could reasonably affect or be affected by the proposed research

Failure to do so can delay the submission of proposals or the release of research funding.

All COI certification/disclosure packets require two consecutively higher supervisory acknowledgment signatures.

REQUIRED ACKNOWLEDGMENT SIGNATORY #1

For the majority of individuals completing this form, Signatory #1 is the **DEPARTMENT CHAIR.**

Exceptions: Department Chairs and Division of Research Center Directors require a signature from the College Dean. College Deans require a signature from the Provost. See the table here (at the bottom) for more information.

I acknowledge, to the best of my understanding, that:

- The information submitted on this form and any attached disclosure forms (if applicable), is accurate.
- I am aware of no other potential conflicts that would necessitate further review.

Comments/additional information or input on managing potential conflict:

Name: Title:

Signature: Date:

REQUIRED ACKNOWLEDGMENT SIGNATORY #2

For the majority of individuals completing this form, Signatory #2 is the **COLLEGE DEAN.**

Exceptions: Department Chairs require a signature from the Provost. College Deans and Division of Research Center Directors require a signature from the Vice Chancellor/Vice President for Research and Technology Transfer. See the table here (at the bottom) for more information.

I acknowledge, to the best of my understanding, that:

- The information submitted on this form and any attached disclosure forms (if applicable), is accurate.
- I am aware of no other potential conflicts that would necessitate further review.

Comments/additional information or input on managing potential conflict:

Name: Title:

Signature: Date:

Indicate all applicable disclosure attachments reviewed and submitted as part of this certification:

☐ Significant Financial Interest Disclosure Form ☐ IP Disclosure Form ☐ Travel Disclosure Form