

## Research Conflict of Interest Disclosure Statement Instructions

Website: <https://apps.unthsc.edu/rcoi>

Select Yes or No for each of these seven questions.

Research Conflict of Interest Disclosure Statement - Instructions regarding completing the Disclosure Statement are available at - [https://www.unthsc.edu/research/wp-content/uploads/sites/21/RCOI\\_Disclosure\\_Instructions.pdf](https://www.unthsc.edu/research/wp-content/uploads/sites/21/RCOI_Disclosure_Instructions.pdf).

Based on the UNT Health Science Center Research Conflict of Interest (RCOI) Policy, I am disclosing the following Significant Financial Interests and/or other potential conflicts of interest that reasonably appear to be related to my Research or Institutional Responsibilities. I understand that Research includes proposed, funded, and unfunded activities. I understand that Significant Financial Interests include those of my spouse and dependent children.

(Please answer 'yes or no' to all questions.)

Salary or other income, whether for consulting, paid authorship, lecturing, travel, honoraria, service on an advisory board or for any other purpose paid by an Entity, when aggregated, exceeds \$5000 in the twelve months preceding this disclosure  
☐ Yes ☐ No

Remuneration received from a publicly traded Entity in the twelve months preceding this disclosure and the value of any equity interest in the Entity as of the date of disclosure, when aggregated, exceeds \$5000  
☐ Yes ☐ No

Remuneration received from a non-publicly traded Entity in the twelve months preceding this disclosure that in aggregate exceeds \$5000; or any equity interest held by the Investigator in such Entity, regardless of amount  
☐ Yes ☐ No

Intellectual property rights and interests (patents, copyrights, trademarks) and income related to such rights and interests  
☐ Yes ☐ No

Service as an officer, manager, executive, member of a board of directors, or in any other fiduciary or managerial role for an Entity, whether or not remunerated  
☐ Yes ☐ No

Other potential conflicts of interests that reasonably appear to be related to my Research or Institutional Responsibilities.  
☐ Yes ☐ No

Occurrence of reimbursed or sponsored travel

1. not reimbursed through normal UNT Health Science Center processes, or
2. not reimbursed or sponsored by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education

☐ Yes ☐ No

Once you have answered all seven questions, this will appear.

By submitting this Disclosure Statement, I certify that I have read and understand the materials presented in the RCOI Training presentation and the UNT Health Science Center RCOI Policy. I certify that this is an accurate and complete disclosure of any potential conflicts of interest related to my Research and Institutional Responsibilities. I have used all reasonable diligence in preparing this disclosure and it is, to the best of my knowledge, true and complete. I acknowledge my responsibility to update this disclosure within 30 days if my circumstances change. I will comply with any conditions or restrictions imposed by the UNT Health Science Center to manage, reduce or eliminate actual or potential conflicts of interests.

[Submit Disclosure/Certification](#)

Click "Submit Disclosure/Certification."



If you answered Yes to any of the previous seven questions, you will need to provide additional information.

To enter the Name and Address for the Entity (organization), click on “Add Entity.”

Your initial disclosure answers indicate you may have the following form(s) to complete:

- Significant Financial Interest (SFI)

[← Revise Disclosure](#)

**Submission Dashboard Status: No pending changes**

First step: [+ Add Entity](#)

A blue arrow points to the "+ Add Entity" button.

Entity information will be required for each unique Entity you will be disclosing.

**Add Entity**

**Entity Definition:**

- Any corporation, business, partnership, sole proprietorship, firm, franchise, association, organization, holding company, limited liability company, joint stock company, receivership, trust, or any other for profit commercial operation, but excluding UNTHSC. An Entity also includes organizations where UNTHSC may participate on the Entity's board of directors or hold stock in the Entity.
- Any not-for-profit organization acting, directly or indirectly, as an agent for, a commercial organization
- Any other legal concern organized for profit or charitable purposes

NAME\*

ADDRESS\*

ZIP\*

CITY\*

STATE OR PROVINCE\*

COUNTRY\*

[Add](#) [Cancel](#)

A blue arrow points to the "Add" button.

After you enter the Entity information you need to click "Add."

You then need to complete (add) an SFI and/or Travel form, whatever is appropriate for each Entity you are disclosing.

**Submission Dashboard Status: No pending changes**

Next step: Add Travel/SFI Form(s) to Entity

[+ Add Entity](#) [What is an Entity?](#) [What is SFI?](#)

Click on one.

[\\$ Add SFI](#) [🔄 Add Travel](#)

[✓ No updates pending](#)

[\\$ Add SFI](#) [🔄 Add Travel](#)

Two blue arrows point to the "\$ Add SFI" and "🔄 Add Travel" buttons.

Complete the required information.

**SFI Disclosure** [Back to Entities](#)

Based on the UNT Health Science Center Research Conflict of Interest Policy, I am disclosing the following Significant Financial Interests and/or other potential conflicts of interest that reasonably appear to be related to my Research or Institutional Responsibilities. I understand that Research includes proposed, funded, and unfunded activities. I understand that Significant Financial Interests include those of my spouse and dependent children.

**An Entity is:**

- any corporation, business, partnership, sole proprietorship, firm, franchise, association, organization, holding company, limited liability company, joint stock company, receivership, trust, or any other for-profit commercial operation, but excluding UNTHSC. An Entity also includes organizations where UNTHSC may participate on the Entity's board of directors or hold stock in the Entity;
- any not-for-profit organization acting, directly or indirectly, as an agent for, a commercial organization; or
- any other legal concern organized for profit or charitable purposes.

Entity Name:  
Entity Address:  
Entity City:  
Entity State/Province:  
Entity Postal Code:  
Entity Country:  
Details about my relationship with test, an entity that is traded...:  
☐ Publicly ☐ Not Publicly

My spouse, my dependent children and/or I:  
(You must select at least one of the checkboxes below) \*

☐ receives from salary or other income, for consulting, paid authorship, lecturing, travel, honoraria, service on an advisory board or other purposes that, when aggregated, has exceeded \$5,000 in the past twelve months.

☐ holds an equity interest in test.

☐ own or possesses a license to, intellectual property rights related to the interests of test and/or receive revenue, such as royalties, related to such intellectual property rights of test.

☐ serve as an officer, manager, executive, member of a board of directors, or in any other fiduciary or managerial role for test.

☐ have other potential conflicts of interest with test that reasonably appear to be related to my Research or Institutional Responsibilities.

How are the interests of test related to your Institutional Responsibilities and any of your proposed, funded, or unfunded Research activities at UNT Health Science Center? \*

Please provide a brief summary of the affected Research or Institutional Responsibility: \*

What kinds of resources will be/are provided by test? \*

What kinds of resources will be/are provided by the UNT Health Science Center? \*

Describe how any other UNT Health Science Center personnel, including students, will be/are involved with the Research or Institutional Responsibility: \*

Describe how any other non-UNT Health Science Center personnel, such as subrecipients and consultants, will be/are involved with the Research or Institutional Responsibility: \*

Please provide any additional comments as needed, regarding this disclosure.

By submitting this Disclosure Statement, I certify that I have read and understand the materials presented in the RCOI Training presentation and the UNT Health Science Center RCOI Policy. I certify that this is an accurate and complete disclosure for the entity listed above of my Significant Financial Interests and other potential conflicts of interest related to and my Research and Institutional Responsibilities. I have used all reasonable diligence in preparing this disclosure and it is, to the best of my knowledge, true and complete. I acknowledge my responsibility to update this disclosure within 30 days if my circumstances change. I will comply with any conditions or restrictions imposed by the UNT Health Science Center to manage, reduce or eliminate actual or potential conflicts of interest.

[Save & Complete later](#) [Reset Entity Form](#) [Complete Disclosure/Certification](#)

**Annual/Amended Disclosure Statement TRAVEL Details** [Back to Entities](#)

Based on the UNT Health Science Center Research Conflict of Interest Policy, I am disclosing the following Significant Financial Interests and/or other potential conflicts of interest that reasonably appear to be related to my Research or Institutional Responsibilities. I understand that Research includes proposed, funded, and unfunded activities. I understand that Significant Financial Interests include those of my spouse and dependent children.

**An Entity is:**

- any corporation, business, partnership, sole proprietorship, firm, franchise, association, organization, holding company, limited liability company, joint stock company, receivership, trust, or any other for-profit commercial operation, but excluding UNTHSC. An Entity also includes organizations where UNTHSC may participate on the Entity's board of directors or hold stock in the Entity;
- any not-for-profit organization acting, directly or indirectly, as an agent for, a commercial organization; or
- any other legal concern organized for profit or charitable purposes.

Entity Name:  
Entity Address:  
Entity City:  
Entity State/Province:  
Entity Postal Code:  
Entity Country:

**Occurrence of reimbursed or sponsored travel**

i. not reimbursed through normal UNT Health Science Center processes, or

ii. not reimbursed or sponsored by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

**DESTINATION\***

**TRAVELER'S NAMES\***

**TRAVEL START DATE\***

**TRAVEL END DATE\***

**MONETARY VALUE\***

**PURPOSE\***

**BRIEFLY DESCRIBE YOUR RELATIONSHIP WITH THE ENTITY THAT REIMBURSED OR SPONSORED THIS TRIP.**

**ADDITIONAL COMMENTS**

[Save & Complete later](#) [Reset Entity Form](#) [Complete Disclosure/Certification](#)

**CERTIFICATION**

By submitting this Disclosure Statement, I certify that I have read and understand the materials presented in the RCOI Training presentation and the UNT Health Science Center RCOI Policy. I certify that this is an accurate and complete disclosure of this occurrence of reimbursed or sponsored travel related to my Research and Institutional Responsibilities. I have used all reasonable diligence in preparing this disclosure, and it is, to the best of my knowledge, true and complete. I will comply with any conditions or restrictions imposed by the UNT Health Science Center to manage, reduce or eliminate actual or potential conflicts of interest.

You can click on "Save & Complete Later" and you will get this screen.

**Submission Dashboard Status: Incomplete**

test: \$ SFI 1 incomplete 🔄 Travel 1 incomplete

[+ Add Entity](#) [What is an Entity?](#) [What is SFI?](#)

🚫 You haven't submitted your full disclosure

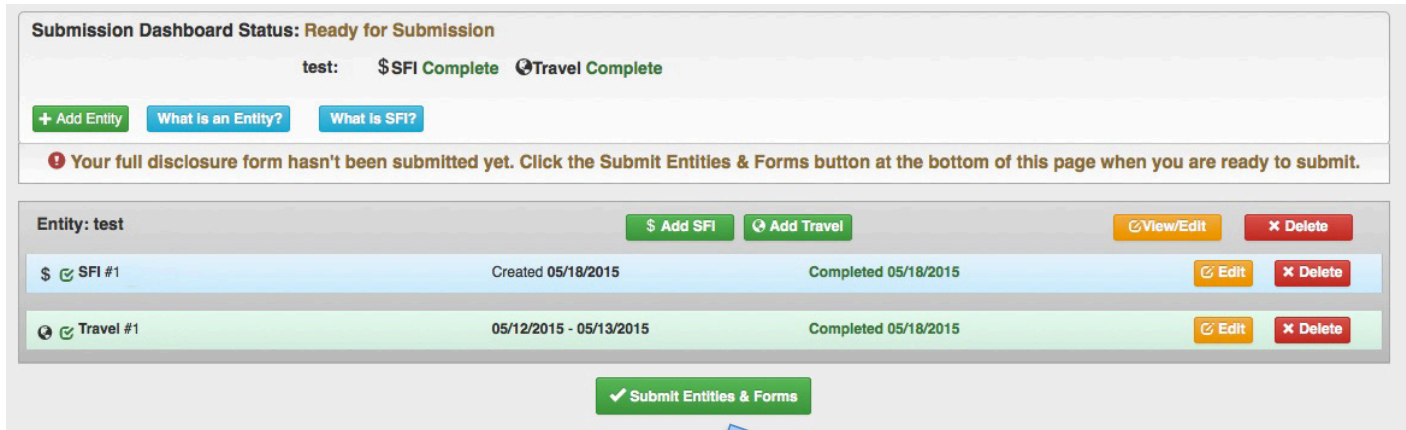
Entity: test	\$ Add SFI	🔄 Add Travel	👁 View/Edit	✖ Delete
\$ ✖ SFI #1	Created 05/18/2015	Not Completed	👁 Continue	✖ Delete
🔄 ✖ Travel #1	05/12/2015 - 05/13/2015	Not Completed	👁 Continue	✖ Delete

✔ Not Ready for Submission

To finish completing your form, click "Continue."

Once you have completed each form you will need to click the "Complete Disclosure/Certification" button.

## PLEASE NOTE: YOU HAVE NOT SUBMITTED YOUR DISCLOSURE YET!



Submission Dashboard Status: **Ready for Submission**

test:    \$SFI Complete    Travel Complete

[+ Add Entity](#)    [What is an Entity?](#)    [What is SFI?](#)

⚠ Your full disclosure form hasn't been submitted yet. Click the Submit Entities & Forms button at the bottom of this page when you are ready to submit.

Entity: test			
\$ SFI #1	Created 05/18/2015	Completed 05/18/2015	<a href="#">View/Edit</a> <a href="#">Delete</a>
Travel #1	05/12/2015 - 05/13/2015	Completed 05/18/2015	<a href="#">Edit</a> <a href="#">Delete</a>

[✓ Submit Entities & Forms](#)

When you have completed all of your disclosures, you will see the "Submit Entities & Forms" button. Click on this button. This will submit all of your documents.

**UNTIL YOU CLICK ON THE "SUBMIT ENTITIES & FORMS" BUTTON, YOUR DISCLOSURES HAVE NOT BEEN SUBMITTED TO OUR OFFICE.**