*The purpose of this Monitoring Report is to serve as a mechanism for the Research COI Committee to monitor and document the Investigator’s fulfillment of, and adherence to, the Control Measures and Disclosure Requirements in their approved Management Plan (MP).*

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| **Investigator Name:**  |          |
| **Title:**  |        |
| **Department:**  |       |
| **Contact Information:**  |       |
| [**“Conflicts of Interest in Research” Training**](https://ra.uta.edu/ra/real/researchspace.php?view=) **Date (Required Every 4 Years)** |       |

1. **STATUS REPORT**

Please refer to your approved Management Plan (MP) and provide a summary of activities taking place in the last 12 months related to your COI/outside interest (do not copy/restate information from your MP). Explain changes or updates to any of the following:

* 1. *Your status/title at UTA, and the focus of your research here;*
	2. *The name(s) and location(s) of the outside entities for which you have an interest, affiliation, or relationship;*
	3. *Your interest, affiliation, or relationship with each entity (i.e., employment, consultant, owner, founder, CEO, CTO, board member, etc.);*
	4. *The type/focus of work or research conducted by the outside entities;*
	5. *The potential conflict of interest as described in your approved MP.*

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**\*\* In addition to providing the summary above, complete Appendix A (and Appendix B and C if applicable) \*\***

1. **University RCOI Disclosure (Mentis)**

You are required to maintain an up-to-date COI Disclosure ([Mentis System](https://mentis.uta.edu/public/#coi/index/index)) and report any changes/additions that alter the information in your approved MP (such as new financial interests or a change in your role/status). Verify that your Mentis COI Disclosure is current and provide the date of your most recent recertification:

1. **MANAGEMENT PLAN DISCLOSURE REQUIREMENTS**

Your Management Plan describes specific requirements for disclosing your COI to affected individuals, agencies, or the public. Provide the details requested (in red) to confirm and document completion of each Disclosure Requirement.
 **You were/are required to provide a disclosure:**

* 1. in all **presentations** when the topic of the presentation could be perceived as being related to your COI or outside interest. Please follow the instructions below to list your presentations from the past 12 months (or state “None”) and indicate which ones included a COI disclosure statement (if disclosure was not made in a certain presentation, explain why):

Instructions for PRESENTATIONS:

1. List ALL presentations, including a sequential reference number.
2. Mark Yes if a disclosure was made or No if none were made.

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref** | **Presentation** | **Yes** | **No** |
| *1* |  |  |  |
| *2* |  |  |  |
| *3* |  |  |  |

For any items marked “No” above, list the reference number and provide an explanation below:

|  |  |
| --- | --- |
| **Ref** | **Explanation** |
| *1* |  |
| *2* |  |

* 1. in all **publications** (journal submissions, abstracts, press releases initiated by you, theses, dissertations, etc.) in compliance with the publisher’s policies for COI disclosure. It is your responsibility to seek out and review those policies. Please follow the instructions below to list your publications or manuscripts from the past 12 months (or state “None”) and indicate which ones included a COI disclosure statement (if disclosure did not appear in a certain publication, did you disclose in any other manners, such as in private with the editor? If not, explain why):

Instructions for PUBLICATIONS:

1. List ALL publications, including a sequential reference number.
2. Mark the column that represents the publisher’s disclosure policy (None – no policy exists, “Related” – disclosure of potential COI *related to* the publication’s content is required, “All” – disclosure of *all* potential COI is required).
3. Mark Yes if a disclosure was made or No if none were made.

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| --- | --- | --- | --- |
| **Ref** | **Publication: Author(s), Title, Publisher, Vol, Issue, Pages, Date** | **Publisher’s COI Policy?** | **Disclosed?** |
| **None** | **“Related”** | **“All”** | **Yes** | **No** |
| *1* |  |  |  |  |  |  |
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For any items marked “No” above, list the reference number of that item and provide an explanation below:

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| **Ref** | **Explanation** |
| *1* |  |
| *2* |  |

* 1. in all **grant proposals and progress reports** in compliance with the sponsor’s policies for COI disclosure. It is your responsibility to seek out and review those policies. Please follow the instructions below to list grant proposals and progress reports from the past 12 months (or state “None”) and indicate which ones included a COI disclosure statement (if disclosure was not made in a certain instance, explain why):

Instructions for GRANT PROPOSALS and PROGRESS REPORTS:

1. List ALL grant proposals and progress reports, including a sequential reference number.
2. Mark Yes if a disclosure was made or No if none were made.

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| **Ref** | **Grant Proposal/Progress Report** | **Yes** | **No** |
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For any items marked “No” above, list the reference number and provide an explanation below:

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| **Ref** | **Explanation** |
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* 1. to all **UTA faculty, staff, or students supervised** **by you** within 30 days of your MP approval date and to new personnel within 30 days of their start date. These disclosures must explain to the personnel that if they have concerns, they should contact their Chair, Dean, VP, or the Office of Regulatory Services. Provide the date(s) from the past 12 months when you provided written disclosure to personnel you supervised (if you did not supervise anyone, enter “N/A”):
	2. to the **student’s thesis/dissertation committee,** if you supervise graduate students. Provide the date(s) when you provided the written disclosure (if you did not supervise any students in the past 12 months, enter “N/A”):
	3. to your **supervisor** within 30 days of your MP approval date and in an update/status report on an annual basis thereafter. These disclosures must explain that if s/he has concerns, they should contact their Chair, Dean, VP, or the Office of Regulatory Services. Provide the date(s) from the past 12 months when you provided the written disclosure or update to your supervisor:
	4. to your thesis/dissertation committee (if you are a graduate student) within 30 days of your MP approval date. This disclosure must explain that if they have concerns, they should contact your Chair, Dean, VP, or the Office of Regulatory Services. Provide the date(s) from the past 12 months when you provided the written disclosure to your committee, or enter “N/A”:
	5. to any **co-investigators, collaborators, and co-authors** (UTA or non-UTA) when you have determined a COI disclosure needs to be included in the collaborative work (publication, presentation, grant proposal). Provide the date(s) from the past 12 months when you provided a written disclosure to your collaborators or co-authors/investigators (if you did not have any collaborations, enter “N/A”):
	6. to the **IRB or IACUC** when your COI may be perceived as related to a human/animal research protocol. Provide the date(s) from the past 12 months when you provided a written disclosure to the IRB or IACUC (if you did not conduct any human or animal research, enter “N/A”):
	7. For UTA faculty, staff, or students *that you supervise*, you were required to **confirm that *they* include a disclosure of *your*** **RCOI** **in *their* publication**, when required by the publisher’s COI disclosure policy. For individuals that are not under your direct supervision *but where you have provided IP, materials, or resources related to your outside commercial interests*, you were required to inform them to include a disclosure of *your* RCOI when required by the publisher’s COI disclosure policy. Confirm that disclosure of your COI was included in applicable cases in the past 12 months (if disclosure was not made in a certain publication, explain why). If you did not supervise anyone or provide anyone with IP/materials/resources, state “N/A”:
	8. For UTA individuals that you supervise or individuals you have provided IP, materials, or resources related to your outside commercial interests, you were required to **inform them to provide a disclosure of *your* RCOI in *their* presentation** *if the content may be perceived as related to your RCOI or commercial interest*. Confirm that disclosure of your COI was included in applicable cases (if disclosure was not made in a certain presentation, explain why). If you did not provide anyone with IP/materials/resources, state “N/A”:
1. **Investigator Certification***\*Note: UTA reserves the right to modify your Management Plan and to impose new or additional conditions. Such modifications, conditions, and additional terms will be effective immediately and incorporated into the MP. Investigator will be notified of these changes via email. Investigator will be deemed to have accepted these terms and conditions unless s/he appeals, which must be done in writing and submitted to the RCOI Committee.*

**I confirm and agree to the following terms and responsibilities:**

1. I certify that the information provided by me in this Monitoring Report is true and correct to the best of my knowledge and belief.
2. I agree to continue to uphold each control measure and disclosure requirement implemented by my approved Management Plan to minimize or mitigate any potential or perceived conflicts of interest in research.
3. I agree to comply with requirements of the University’s Policy for Disclosure, Management, and Reporting of Financial Conflicts of Interest in Research.
4. I certify that I will conduct my research in a manner that ensures that the objectivity and impartiality of the research results will not be affected or influenced by my relationship with an outside entity.
5. I understand that I am required to comply with [University policy](https://www.uta.edu/hr/records-services/oea) to obtain approval (through the [Outside Activity Portal](https://apps.utsystem.edu/activityportal/)) for any outside employment or outside board service, prior to engaging in those outside activities and annually thereafter.
6. When the Institution requests additional information for the purposes of making a determination or evaluation pertaining to the potential conflict of interest, I agree to provide sufficient information on a good faith basis, meeting deadlines established by the Institution.

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| **Signature:** |  |
| **Date:** |  |

**APPENDIX A – SUPPLEMENTAL INFORMATION**

Complete each of the tables/sections below. The RCOI Committee will compare this information to your Management Plan to evaluate any additions, deletions, and updates. It is suggested that you maintain a copy of this Appendix in Word format to simplify your monitoring report process next year.

1. **SPONSORED RESEARCH AND GIFT ACCOUNTS**

List all current/active sponsored research projects and gift accounts under your control (including private industry, federal grants, foundations, internal funding, etc.). If you do not have any, enter “None.”

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| **Sponsor Name:** | **Project Title:** | **Who is the Primary Recipient of Funding (UTA, or Name of the External Entity)?** | **Dollar Amount:** | **Time Period:** | **Your Estimated % Effort on this Project:** |
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1. **INTELLECTUAL PROPERTY**

List all invention disclosure reports, patent applications, issued patents, and license agreements (pending or active) filed by you, UTA or any other entity in the last 12 months that name you as an inventor. If there were not any, enter “None.”

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| **ID Number:** | **IP Description (i.e. Patent Title):** | **If Patent Exists, List Who Filed It:** | **Inventor(s):** | **Disclosure Date or Patent Application Date:** | **Is It Licensed? (Yes/No)****If Yes, Date of License:** |
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1. **UNIVERSITY AGREEMENTS**

List all current/active University agreements related to your RCOI/outside activity (Facilities Use Agreements, Contracts, Subcontracts, Material Transfer Agreements, MOUs, etc.). If you do not have any, enter “None.”

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| **Agreement Type:** | **Brief Description of the Agreement Terms and Dates of Coverage:** |
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1. **UTA PERSONNEL UNDER YOUR SUPERVISION**

List all UTA students, faculty, or staff currently under your supervision at UTA including their role and source of compensation. For each person, clarify (3rd column) whether they have any involvement (employment, internship, financial interest, etc.) in the same entity as your outside interest/employment. If you do not supervise anyone, enter “N/A.”

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| --- | --- | --- | --- | --- | --- |
| **Name:** | **Title/Role on Project:** | **Is S/he Involved with your Outside Interest? If Yes, Describe How:** | **List Who Provides Their Compensation (UTA Grant, UTA Internal Funds, or List the Name of Outside Entity Funding):** | **Approx. Start Date (mm/yy):** | **Approx. Ending Date (mm/yy):** |
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**APPENDIX B – ADDITIONAL CONTROL MEASURES**

Depending on your specific case, the RCOI Committee or UTA Administration may have assigned one or more of the CONTROL MEASURES described below as part of your Management Plan. Provide the details requested (in red) for each one required.

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| --- | --- |
| **Required? (Yes/No)** | **CONTROL MEASURE** |
| NO | * + - 1. Following initial disclosure to your supervisor, you were required to provide them with RCOI updates at a specified frequency. Describe when and how this requirement was fulfilled:
 |
| NO | * + - 1. You were required to enlist an independent, designated individual to oversee and evaluate performance of (or make changes to) the employment status of any UTA faculty, staff, or students that you supervise who also have involvement with and/or equity interest in your RCOI-related outside entity. Describe when and how this requirement was fulfilled:
 |
| NO | * + - 1. For any sponsored research project related to this RCOI, a co-investigator or designated, independent individual was required to have primary oversight and decision-making responsibility (both internally and with the sponsor). You were/are required to refrain from:
				1. Participating in any financial negotiations with the sponsor;
				2. Approving expenditures charged to the award;
				3. Independently submitting sponsor-required deliverables; and
				4. Independently negotiating technical requirements on behalf of the UTA.

Describe when and how this requirement was fulfilled:       |
| NO | * + - 1. You were required to designate an individual who is independent/impartial to the outside entity (Co-PI, faculty member, Chair, Dean, etc.) to serve as an Oversight Manager for your MP. Have your Oversight Manager complete and submit Appendix C.
 |
| NO | * + - 1. You were required to enlist an independent, designated individual to monitor your academic progress to ensure that it is not negatively impacted/delayed due to your RCOI. The Academic Monitor must be at UTA and cannot be related to your RCOI/outside interests. You were required to provide your Academic Monitor with a full copy of your Management Plan. Describe when and how this requirement was fulfilled:
 |
| NO | * + - 1. Other:
 |

**APPENDIX C: Oversight Manager**

If the Management Plan required an “Oversight Manager” as a required CONTROL MEASURE, submit this APPENDIX with the Oversight Manager’s signature. For each required CONTROL MEASURE indicated below, the Oversight Manager shall describe when and how the CONTROL MEASURE was fulfilled/completed:

|  |  |
| --- | --- |
| **Required? (Yes/No)** | **CONTROL MEASURE** |
| NO | Ensure that the Investigator completes the required disclosures, and within the time frames required in this Management Plan. |
| NO | Review this Management Plan and the Monitoring Report on at least an annual basis with the Investigator, to discuss progress and any changes to the Plan that may be necessary. |
| NO | Manage the financial aspects of the award. |
| NO | Review technical reports developed by the investigator and submit them on behalf of the University. |
| NO | Ensure adherence to all terms and conditions of the award. |
| NO | Maintain expenditures within the appropriate levels to ensure that all expenses charged against the award are reasonable, allocable, and allowable to the account. |
| NO | Reconcile payroll activities on a monthly basis. |
| NO | Promptly transfer any inappropriate expenditures to an appropriate account within a reasonable amount of time. |
| NO | Develop, review, and approve all budget documents. |
| NO | If sponsored research goes through the outside entity to the University, Oversight Manager will review all proposals, contracts/subcontracts between the University and the outside entity to ensure appropriateness of the project within the mission and interests of the University. |
| NO | Grant final approval for all invoices, payments, or transactions to the outside entity. |
| NO | Negotiate the scope of work and the budget for this award on behalf of the University. |
| NO | Provide oversight and evaluate performance of (or make changes to) the employment status of any UTA faculty, staff, or students whom the Investigator supervises who also have involvement with and/or equity interest in the outside entity. |
| NO | Provide oversight and have primary decision-making authority (both internally and with the sponsor) on sponsored research related to this RCOI. |

 **Certification – Oversight Manager**

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| As the designated Oversight Manager for this RCOI Management Plan, I agree to continue to uphold and fulfill the selected control measures in the Appendix: Oversight Manager, and to adhere to the University’s [Policy for Disclosure, Management, and Reporting of Conflicts of Interest in Research](https://policy.uta.edu/doctract/documentportal/08D885C804E4E8E612AA2F247DDE620D). |
| **Printed Name:** |  |
| **Signature:** |  |
| **Title:** |  |
| **Date:** |  |