***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 the requirements in their approved Management Plan (MP).***

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| --- | --- |
| **Investigator Name:**  |      |
| **Title:**  |  |

1. **STATUS REPORT: Please refer to your approved Management Plan (MP) and subsequent Monitoring Reports (MR). Have there been any changes to what is described or reported in those documents in the past year (i.e., your role/status in the outside activity, supervised personnel, grants, intellectual property, etc.)?**

[ ]  There have been no changes in the past year.[ ]  There have been changes in the past year to one or more of the following:

 [ ]  Financial Interest

 [ ]  Role or Status in the Outside Activity

 [ ]  Supervised Personnel

 [ ]  Sponsored Research and Gift Accounts

 [ ]  Intellectual Property

 [ ]  University Agreements

 [ ]  Other:

Please provide details to explain the change(s) indicated above:

1. **University RCOI Disclosure**

[ ]  I have maintained an up-to-date RCOI Disclosure ([Mentis System](https://mentis.uta.edu/public/#coi/index/index)) and will continue to report any changes that alter the information in my approved MP (such as new financial interests or change in role/status).

1. **APPROVAL FOR OUTSIDE EMPLOYMENT OR BOARD SERVICE**

[ ]  I have complied with [University policy](https://www.uta.edu/hr/records-services/oea) to obtain approval from my supervisors (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. (Status can be verified and request can be updated at <https://apps.utsystem.edu/activityportal/>)

1. **MANAGEMENT PLAN CONTROL MEASURES**

[ ]  I fulfilled all Management Plan Control Measures in the past year (see Section 2 of approved RCOI Management Plan) without deviation. **(If there was one or more deviations from the MP, leave this box unchecked and attach a brief explanation.)**

1. **MANAGEMENT PLAN DISCLOSURE REQUIREMENTS**

[ ]  I fulfilled all Management Plan Disclosure Requirements in the past year (see Section 3 of approved RCOI Management Plan) without deviation. **(If there was one or more deviations from the MP, leave this box unchecked and attach a brief explanation.)**

1. **Investigator Certification**[ ]  I certify that the information provided by me in this Monitoring Report is true and correct to the best of my knowledge and belief. I will continue to uphold each requirement of my RCOI Management Plan and the University’s Policy for Disclosure, Management, and Reporting of Financial Conflicts of Interest in Research to minimize or mitigate any potential or perceived conflicts of interest in research.

**Signature: Date:**

1. **OVERSIGHT MANAGER CERTIFICATION (IF APPLICABLE)**[ ]  I provided oversight in the past year as described in the approved RCOI Management Plan, without deviation. **(If there was one or more deviations from the MP, leave this box unchecked and attach a brief explanation.)**

**Signature: Date:**