

15.01.03.H1

Financial Conflicts of Interest in Sponsored Research



Approved: June 2014
Reviewed: March 29, 2019
Revised: September 21, 2025
Next Scheduled Review: September 21, 2030

Rule Summary

Texas A&M University-Texarkana (A&M-Texarkana) is committed to conducting research and educational activities in a manner consistent with the highest standards of integrity and ethics. This rule is adopted to promote objectivity in research and to ensure that the research and educational activities are conducted in a manner free from bias resulting from financial conflict of interest.

This rule implements the requirements of The Texas A&M University System (System) Regulation [15.01.03, Financial Conflicts of Interest in Sponsored Research.](#)

Procedures and Responsibilities

1. APPOINTMENT OF CONFLICT OF INTEREST OFFICIAL

The president appoints the provost or their designee as the conflict of interest official (COI Official) for A&M-Texarkana. The COI Official must perform the duties established in System Regulation *15.01.03* relating to the review of financial interest disclosures and the management and reporting of financial conflicts of interest.

2. DISCLOSURE AND REVIEW

Each Investigator must submit Financial Disclosure Statements to the A&M-Texarkana COI Official as required in System Regulation *15.01.03*.

2.1 In accordance with System Regulation *15.01.03* and federal law, the COI Official, or designee, will review all financial disclosure statements by investigators and/or covered family members and determine:

2.1.1 whether any disclosed significant financial interest (SFI) is related to the investigator's research and

2.1.2 whether a financial conflict of interest (FCOI) as defined in System Regulation *15.01.03*, exists.

- 2.2 If an FCOI exists, the COI Official will develop a Management Plan specifying the actions that will be taken to manage, reduce or eliminate the FCOI. All FCOIs identified by the COI Official will be satisfactorily managed, reduced or eliminated prior to the expenditure of any sponsored research funds.

3. CERTIFICATION AND REPORTING

- 3.1 Federal regulations and funding agency guidelines require the university to include specific certifications and agreements regarding System Regulation *15.01.03* and this rule in each application for funding submitted.
- 3.2 The university must comply with reporting requirements in 42 CFR Part 50, Subpart F, and 45 CFR Part 94, which requires the university to submit reports to the appropriate federal funding agency within a certain period of time after the university identifies an FCOI related to Public Health Service (PHS)-funded research. Other funding agencies may have similar requirements.

4. MANAGEMENT OF FINANCIAL CONFLICTS OF INTEREST

If a COI Official determines that an FCOI exists, the COI Official or designee must notify the investigator in writing and work with the investigator to develop a management plan specifying the steps to be taken to manage, reduce or eliminate the FCOI. Details of the requirements of a management plan can be found in System Regulation *15.01.03*.

If an investigator disagrees with the COI Official's determination that an FCOI exists, the investigator may challenge the determination to the university president within 10 business days after receiving the COI Official's determination. See System Regulation *15.01.03* for requirements of the challenge. The president must provide the investigator with a written decision on the challenge within 30 business days. This decision is final.

5. NO EXPENDITURE OF RESEARCH FUNDS

There may be no expenditure of sponsored research funds by an investigator or member unless the COI Official has determined that no FCOI exists or, if FCOIs have been identified, that they are manageable under the terms of a management plan that has been implemented.

6. MONITORING AND AUDIT

Each investigator conducting research under a management plan must comply fully and promptly with the plan. The COI Official must be responsible for conducting periodic reviews of financial disclosure statements and management plans to determine individual and institutional compliance. The COI Official must report instances of noncompliance as required in System Regulation *15.01.03* and federal law.

The COI Official must provide regular audits of SFI by routinely reviewing disclosure statements and related documents and submission reports to determine individual and institutional compliance with System Regulation *15.01.03*.

7. RETROSPECTIVE REVIEWS

7.1 Noncompliance, Retrospective Review and Documentation for PHS-funded Research

A retrospective review is required if it is determined that an SFI that is determined to constitute an FCOI related to PHS funded research was not disclosed by the investigator, if there is a failure to review or manage an FCOI, or if there is failure by the investigator to comply with the FCOI management plan.

The retrospective review is required to be completed within 120 days of a determination that the review is required. The review must comply with the requirements outlined in System Regulation *15.01.03*.

7.2 Noncompliance, Retrospective Review and Documentation for All Other Research

A retrospective review is required if it is determined that an SFI that is determined to constitute an FCOI related to non-PHS funded research was not disclosed by the investigator, if there is a failure to review or manage an FCOI, or if there is failure by the investigator to comply with the FCOI management plan.

The retrospective review is required to be completed within 120 days of a determination that the review is required. The review must comply with the requirements outlined in System Regulation *15.01.03*. However, determination of bias only needs to be conducted if determined to be necessary, as outlined in System Regulation *15.01.03*.

8. RESEARCH THROUGH SUB-RECIPIENTS

If an investigator conducts research in cooperation with or through a subrecipient who performs part of the statement of work described in the prime contract, the COI Official must ensure compliance with System Regulation *15.01.03*, Section 11.

9. TRAINING AND CERTIFICATION

Investigators must complete training as required in System Regulation *15.01.03*. In addition, each investigator must annually certify that the investigator is aware of and has read System Regulation *15.01.03* and this rule and is aware of the investigator's responsibilities regarding disclosure of SFIs and applicable federal regulations.

Prior to engaging in research on behalf of the university, and at least once every four years thereafter, unless specific sponsors require more frequent training, each investigator must complete training on the regulation, this rule and applicable laws. In addition, investigators must immediately complete training if the system changes the regulation in a manner that affects investigator requirements.

The COI Official, or designee, is responsible for documenting an investigator's compliance with all applicable training requirements. All documentation related to compliance with the training requirements must be retained in a central location and in accordance with the requirements outlined in System Regulation *15.01.03*.

10. PUBLIC ACCESSIBILITY

- 10.1 The COI Official must ensure that this rule is available through a publicly accessible website.

For requests for FCOI information related to PHS-funded research, the COI Official must make information available as specified in System Regulation *15.01.03*.

- 10.2 Non-PHS-funded Research

For all public information requests related to non-PHS funded research, the COI Official must retain all information related to the FCOI in a central location and make the information available to the public upon request and as authorized by Texas Government Code, Chapter 552.

- 10.3 The COI Official is responsible for coordinating with the public information officer to ensure that all responses to public information requests are made in compliance with federal and state law.

11. OTHER CONSIDERATIONS

In addition to the issues addressed in System Regulation *15.01.03* and this rule, there may be other ethical considerations that are separate and distinct from conflict of interest questions, including but not limited to those relating to external employment and conflict of commitment. The primary responsibility of employees of A&M-Texarkana is the accomplishment of the duties and responsibilities assigned to the employee's position of appointment. External consulting or other outside employment should not interfere with those duties and responsibilities as set forth in system policies and related regulations.

Related Statutes, Policies, or Requirements

[42 C.F.R. Part 50, Subpart F](#)

[45 C.F.R. §§ 74.53\(b\), 92.42\(b\) and Part 94](#)

[Texas Government Code, Ch. 552](#)

[National Science Foundation Proposal & Award Policies & Procedures Guide \(PAPPG\)](#)

Supplements:

[System Policy 15.01, Research Agreements](#)

[System Regulation 15.01.03, Financial Conflicts of Interest in Sponsored Research](#)

Cross reference:

[System Policy 07.01, Ethics](#)

[System Policy 31.05, External Employment and Expert Witness](#)

[System Regulation 31.05.01, Faculty Consulting and/or External Professional Employment](#)

[System Regulation 31.05.02, External Employment](#)

Definitions

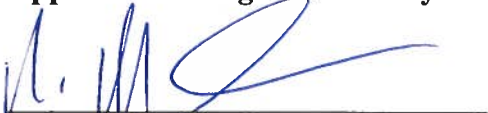
Definitions of terms used in this rule are found in System Regulation 15.01.03.

Contact Office

Office of Research Compliance, (903) 223-3073

System Approvals*

Approved for Legal Sufficiency:



R. Brooks Moore
General Counsel

September 18, 2015

Date

Approved:



Glenn Hegar
Chancellor

9/21/25

Date

***System approvals are contingent upon incorporation of any and all System-required changes in the rule's final posting.**