**Investigator Travel Disclosure Form**

John Muir Health’s Conflict of Interest in Research Policy and Federal Regulation 42 CFR Part 50 Subpart F require the disclosure of Investigator travel if it meets the requirements below. Disclosure must be submitted via email or fax within 30 days of travel.

**Today’s Date:** ____  **Investigator Name:** ____

1. Is the travel related to the Investigator’s Institutional Responsibilities as defined in the Policy?
   - Yes □  If No, STOP. This form does not need to be submitted.

2. Is the travel paid for by JMH?
   - If Yes, STOP. This form does not need to be submitted.  No □

3. Is the travel paid for by a federal, state, or local government agency?
   - If Yes, STOP. This form does not need to be submitted.  No □

4. Is the travel paid for by 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**?
   - If Yes, STOP. This form does not need to be submitted.  No □

**Travel Detail:**

- **Travel Start Date:** ____  **End Date:** ____
- **Travel Sponsor**: ____
- **Event Name**: ____
- **Location**: ____
- **Associated Research Project(s) or Study(ies)**: ____
- **Purpose**: ____

*If there are multiple Sponsors for same travel period, please include below:

- **Travel Sponsor(s)**: ____
- **Event Name**: ____
- **Location**: ____
- **Associated Research Project(s) or Study(ies)**: ____
- **Purpose**: ____

- **Travel Sponsor(s)**: ____
- **Event Name**: ____
- **Location**: ____
- **Associated Research Project(s) or Study(ies)**: ____
- **Purpose**: ____

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<th>Form completed by:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Investigator Signature:</td>
<td>Date:</td>
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**Submit form to John Muir Clinical Research Center:**

Fax (925) 674-2485

Date Received:  Date Entered:  By: