



John Muir Clinical Research Center
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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: _____

Form completed by:		Date:
Investigator Signature:		Date:

**Submit form to John Muir Clinical Research Center:
 Fax (925) 674-2485**

Date Received: _____ Date Entered: _____ By: _____