John Muir Clinical Research Center
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Concord, CA 94520
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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: