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| **CONFLICT OF INTEREST DECLARATION - COI** | | **RESEARCH PROTOCOL NO** (For MRC use): | | | |
| Title of Research |  | | | |
| Investigator Name |  | | Corp No  *HMC staff* |  |
| Hospital/Institution |  | | Phone |  |
| Department |  | | Mobile |  |
| Email |  | | Bleep |  |
| Purpose: Completion of this form is made because of your involvement in research-related activities and to protect from charges of real or apparent conflicts of interest.  *\*An identified conflict of interest DOES NOT result in a disqualification of participation in research, but permits opportunity to manage known conflicts of interest in order to ensure compliance to requirements of research related activities.*  Definitions   1. Family is defined as an investigator’s spouse, children, parents, siblings and cousins. 2. “Any of the investigators” is defined as anyone involved in the design, conduct, or report of the research | | | | |
| If YES to any of the below, Tick the appropriate responses & provide an explanation when indicated. | | | | |
| Academic  Financial  Professional  Ownership  Intellectual Property  Any other | | | | |

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| 1. Have you, your family or any of the investigators received in the previous 12 months or anticipate receiving in the next 12 months income from a company or organization sponsoring or benefiting from the proposed research project?   *This includes fees, travel, accommodation, meals, gifts, car lease, electronics, equipment, etc.* | YES | No |
| 1. Have you, your family or any of the investigators owned in the previous 12 months, or anticipate owning in the next 12 months, assets from a company or organization sponsoring or benefiting from the proposed research project? *(Actual or anticipated)* | YES | No |
| 1. Have you, your family or any of the investigators anticipate receiving, any tangible good or benefit that could reasonably be perceived to a benefit from or influence the design, conduct or reporting of the proposed research project?   *This includes employing family members, conference participation, travel/transport, accommodation/ housing, meals, gifts/ gift certificates, electronics, equipment, professional referrals, advertising, merchandising, etc.* | YES | No |
| 1. Do you, your family or any of the investigators hold any position, serve as an officer, hold a managerial role, serve on an advisory board or otherwise have a significant relationship (financial or non-financial, including consulting) with the research sponsor or any subcontracted recipient? | YES | No |
| If **YES** Explain Below  *500 Character Limit* |  |  |
| 1. Do you, your family or any of the investigators have any other relationships, commitments (including assignments of Intellectual Property Rights), activities (including uncompensated activities) or financial/fiduciary interests that present potential or apparent conflicts of interest or commitment with this study, or are there any other potential conflicts of interest with the study?   *For example, research on a product, technology or process in which investigator or family member is involved?* | YES | No |
| If **YES** Explain Below  *500 Character Limit* |  |  |
| Provide Any Additional Comments Here Unlimited Text | | |

I have reviewed the COI Policies, understand my obligations, and the information submitted in this form is true and accurate to the best of my knowledge. Any false or fictitious statements may subject me to criminal or administrative penalties.

Electronic Declaration: *Ticking box indicates applicant has evidence on file of signed completion of this form.*

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| **Signature** |  | **Date** |