**CONFLICT OF INTEREST DECLARATION**

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| --- | --- |
| **Research Reference Number:**  *(for internal use only)* | Click or tap here to enter text. |
| **Research Title:** | Click or tap here to enter text. |
| **Investigator Name:** | Click or tap here to enter text. |
| **Role in the Research:** | Click or tap here to enter text. |
| **Institution:** | Click or tap here to enter text. |
| **Sponsor:** *(if any)* | Click or tap here to enter text. |
| **Funding Organization:** *(if any)* | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Mobile:** | Click or tap here to enter text. |

All the members of the research team should declare any potential interests, financial or otherwise, that could influence their impartiality in research-related activities. If in any doubt, as to whether or not something represents an interest, it is better to declare it.

## Definitions:

A conflict of interest exists when professional judgment concerning a primary interest (such as the validity of research) may be influenced by a secondary interest (such as financial gain or personal competition). This form requires investigators to disclose three types of information:

* Associations with commercial entities that provided support for the work reported in the submitted protocol;
* Associations with commercial entities that could be viewed as having an interest in the general area of the submitted protocol; and
* Non-financial associations that may be relevant or seen as relevant to the submitted protocol.

## Purpose:

Completion of this declaration form is required because of your involvement in research-related activities and to protect you from charges of real or apparent conflict of interest.

We believe that to make the best decision on how to deal with a protocol we should know about any such conflict of interest that the investigators might have. We are not aiming to eradicate conflicts of interest – they are almost inevitable. We will not reject protocols simply because the authors have a conflict of interest, but we publish this declaration in case investigators have conflicts of interest or not.

All investigators **MUST** complete the following checklist:

| **Potential Conflict of Interest** | **Yes** | **No** | **Comments (if any by Investigator)** |
| --- | --- | --- | --- |
| Had any financial relationships/income from any company/organization, including sponsor *(if any*) that might have an interest in the submitted research protocol in the previous 12 months or anticipated having in the next 12 months. |  |  | Click or tap here to enter text. |
| Got any support from any company/organization, including sponsor *(if any*) for the submitted research protocol in the previous 12 months or anticipated getting in the next 12 months (e.g., Support for travel to meetings for the study, protocol preparation, or other purposes). |  |  | Click or tap here to enter text. |
| Had any relationships or activities that could appear to have influenced the submitted research protocol. |  |  | Click or tap here to enter text. |
| Any of your family/relatives had any financial or non-financial benefits from any company/organization, including a sponsor *(if any*) that might have an interest in the submitted research protocol in the previous 12 months or anticipated having in the next 12 months. |  |  | Click or tap here to enter text. |
| Any other conflict of interest you wish to declare. |  |  | Click or tap here to enter text. |

## Declaration:

I certify that I have read and fully understood this form and that the information that I have presented here is accurate and complete to the best of my knowledge.

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. |
| **Signature:** |  |