**Conflict Of Interest (COI) Declaration**

In the application email to REC, the applying investigator must carbon copy (Cc) all team investigators who are signatories to this declaration.

|  |  |
| --- | --- |
| REC Reference Number:*(for internal use only)* | Click or tap here to enter text. |
| Research Title: | Click or tap here to enter text. |
| Investigator Applying on Behalf of the Team: | Name: | Click or tap here to enter text. |
|  | Email: | Click or tap here to enter text. |
|  | Mobile: | Click or tap here to enter text. |
| Names of all Investigators Directly Involved in the Research: | Click or tap here to enter text. |
| Sponsor or Funding Organization:*(if any)* | Click or tap here to enter text. |
| Date of Initial Submission: | Click or tap to enter a date. |

All research team members are required to disclose any potential interests (whether financial or otherwise) that could potentially affect their impartiality in research-related activities. It is advisable to declare an interest if there is uncertainty regarding its status.

# Definition:

A conflict of interest arises when a secondary interest (such as financial gain or personal competition) influences professional judgment regarding a primary interest (such as research integrity). In this form, investigators are required to disclose three categories 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 perceived as relevant to the submitted protocol.

# Purpose:

Due to your participation in research-related activities and to safeguard you from allegations of actual or apparent conflict(s) of interest, it is necessary to complete this declaration.

REC considers it necessary to be aware of any potential conflicts of interest investigators may have to make the most informed decision regarding the management of a protocol. However, REC will not reject protocols solely because the investigators have a conflict of interest.

| **COI** | **Conflict of interest exists if an investigator answers “Yes” to any of the following case scenarios** |
| --- | --- |
| 1 | Have you had within the past 12 months, or do you anticipate having anytime during the duration of the study any financial relationships or income (e.g., grants, support for travel to meetings to discuss the study, protocol preparation, or other purposes) from a company, organization, sponsor, individual(s), or other funding entities that might have an interest in the submitted research protocol?  |
| 2 | Have you had any relationships or activities that have been or could have been perceived as having influenced the submitted research protocol? |
| 3 | Has any member of your family or relative received any financial or non-financial benefits from a company, organization, sponsor, individual(s), or other funding entities that may have an interest in the submitted research protocol in the past 12 months or anticipate receiving during the study period? |
| 4 | Other |

# Declaration:

It is mandatory for all research team members to disclose any conflicts of interest. Please use one table for each investigator.

All signatories agree that the information they have provided is accurate and complete to the best of their knowledge and that they have read and fully understood the content of this form.

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Conflict of Interest: | [ ]  Yes [ ]  No |
|  | If you checked “Yes” in the row above, please indicate the number of the COI that applies, as indicated in the table above. If COI number 4 applies, please provide a clear description of it:Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |
| Signature: | Click or tap here to enter text. |

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| Name: | Click or tap here to enter text. |
| Conflict of Interest: | [ ]  Yes [ ]  No |
|  | If you checked “Yes” in the row above, please indicate the number of the COI that applies, as indicated in the table above. If COI number 4 applies, please provide a clear description of it:Click or tap here to enter text. |
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| Name: | Click or tap here to enter text. |
| Conflict of Interest: | [ ]  Yes [ ]  No |
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This form accommodates up to eight signatures. Please use an additional form if needed.