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| The primary purpose of this conflict of interest declaration is to prevent bias in the design, conduct, or reporting of research projects.  This Financial Interest Declaration Form should be completed annually by each investigator, collaborator, co-investigator and research staff participating in research. If there are any changes to the financial conflict of interest, the individual should disclose the financial interests to PELI-IRB within 30 calendar days.  **Conflicting Interest** – A conflicting interest can be broadly defined to refer to any interest of the investigator and/or study team member or immediate family (includes parents, siblings, spouse and each dependent child) that competes with the investigator’s/study team member’s obligation to protect the rights and welfare of research subjects.  **Financial Interest** – Financial interest related to the research means financial interest in the sponsor, product or service being tested. Significant Financial Interest means anything of monetary value, including but not limited to, salary or payments for services (e.g. consulting fees or honoraria); equity interests (e.g. stocks, stock options or other ownership interests); intellectual property rights (e.g. patents, copyrights and royalties from such rights), and board or executive relationships. |

**Section A – Disclosure of Financial Interest Related to Research**

*Financial Interest - Check all the boxes that are relevant.*

In the past 12 months, I and/or my immediate family had received compensation by a commercial sponsor(s) of research study(s) in which the value of compensation could be affected by study(s) outcome(s).

Please describe *the financial interest and your plan to manage the conflicting interest. Please provide the PELI-IRB Reference Number of studies that may be affected by this FCOI.*

In the past 12 months, I and/or my immediate family had received proprietary interest in tested product(s) including, but not limited to, a patent, trademark, copyright or licensing agreement.

Please describe *the financial interest and your plan to manage the conflicting interest. Please provide the PELI-IRB Reference Number of studies that may be affected by this FCOI.*

In the past 12 months, I and/or my immediate family had received equity interest from a commercial sponsor of my research study(s), i.e., any ownership interest, stock options, or other financial interest whose value cannot be readily determined through reference to public prices.

(The requirement applies to interests held during the time the investigator or study team member is carrying out research and for one year following completion of the study(s).)

Please describe *the financial interest and your plan to manage the conflicting interest. Please provide the PELI-IRB Reference Number of studies that may be affected by this FCOI.*

In the past 12 months, I and/or my immediate family had received equity interest from a commercial sponsor of my research study(s).

(This requirement applies to interests held during the time the investigator or study team member is carrying out the study and for one year following completion of the study.)

Please describe *the financial interest and your plan to manage the conflicting interest. Please provide the PELI-IRB Reference Number of studies that may be affected by this FCOI.*

No, I do not have any financial conflict of interest to declare.

**Section B – Declaration by Investigator/Collaborator/Co-Investigator/Research Staff**

I confirm that I have read through the latest Policy & Requirements for Declaration of Financial Conflict of Interest.

I confirm that the information submitted in this Declaration Form is true and accurate on the date of declaration.

|  |  |  |  |
| --- | --- | --- | --- |
| *Signature:* |  | *Date of Declaration:* |  |
|  |  | | |
| *Full Name:* | Text Field | | |
| *Institution:* | Text Field | | |
| *Department:*  *Email:* | Text Field  Text Field | | |

**Note:**

1. *This Declaration is valid until the next Declaration cycle (i.e. 31 Dec of each year).*
2. *Please submit an updated Conflict of Interest Declaration Form as soon as possible but not later than 30 calendar days if any of the circumstances relevant described herein change during the conduct of the research. If any changes to the PELI-IRB Application is required as a result of the management plan (e.g. update to Informed Consent Form, please submit a Separate Amendment Cover note to the respective Domains.*

**Study Team Member List for Financial Conflict of Interest Declaration**

**PROTOCOL TITLE:**

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| **Study Team Members:**  *Note:*   1. *Please list any other team members who are not listed in Section B of the application form & are involved in the design, conduct or reporting of the research study (E.g. Study coordinators, research nurses etc).* 2. *If there are changes to study team members, please update PELI-IRB only at the point of study renewal.*  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Full Name** | **Study Role** | **Institution** | **Department** | **Email** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |