**CONFLICT OF INTEREST**

**STATEMENT FORM**

**What needs to be disclosed?**

*All actual, perceived or potential conflicts of interest must be disclosed.*

**Who is required to disclose a conflict of interest?**

**(CORPORATE POLICY & PROCEDURE CONFLICT OF INTEREST ROHCG CORP III – 110)**

*All regular, part-time, and casual staff at ROHCG (and IMHR), including employees, physicians, students, trainees, volunteers, Board of Trustees/Directors, officers, and contractors, as well as staff/personnel who, from time to time, willingly offer their services to external organizations, on behalf of the ROHCG, in a volunteer capacity.*

|  |  |
| --- | --- |
| **Date:** Click here to enter text. | **Qualified/Principal Investigator Name:** Click here to enter text. |
| **REB #:** Click here to enter text. | **Protocol Title:** Click here to enter text. |
| **Name of individual declaring a conflict of interest:**  Click here to enter text. | **Role of individual declaring a conflict of interest:**  Click here to enter text. |

|  |  |
| --- | --- |
| **Study Type:** | Clinical Trial (Drug or Device or NHP) ***Regulated***  Clinical Trial (Drug or Device or NHP) ***Not Regulated***  Clinical Trial (other interventional)  Surveys/Interviews  Observational  Chart Review |

1. **Summary of Research Project** (100-200 words) *Please do not copy and paste from another document.*

Click here to enter text.

1. **Nature of the Conflict of Interest**

|  |  |  |
| --- | --- | --- |
| **Check all that apply** | Personal financial benefits (including material goods, honorariums, payments, gifts, consulting or lecture fees, etc.)  Please specify the dollar amount, and if applicable, the nature of the material goods: Click here to enter text. | Grant/funding awards (either to the PI, local collaborators, or the organization)  Please specify the dollar amount: Click here to enter text. |
| Collaboration or relationship with advocacy groups who contributed, or are contributing, to the project  Please specify: Click here to enter text. | Intellectual property (publishing, manuscripts, copyrights, royalties, etc.)  Please specify: Click here to enter text. |
| Stock ownership  Please specify: Click here to enter text. | Personal or professional benefits related to development of devices or products  Please specify: Click here to enter text. |
| Access to, or use of, research data (repositories, etc.)  Please specify: Click here to enter text. | Position on boards, etc.  Please specify: Click here to enter text. |
| Relationship (personal or professional) with academic publishing journal  Please specify: Click here to enter text. | Legal interest  Please specify: Click here to enter text. |
| Competing Interests (financial, religious, academic, political, personal, etc.)  Please specify: Click here to enter text. | Familial or personal relationship  Please specify: Click here to enter text. |
| Other  Please specify: Click here to enter text. | |

1. **Please explain in greater detail (than what is explained above) the nature of the conflict of interest, the individuals/institutions involved, and how it will be managed in relationship to the integrity of the research.** *Please do not copy and paste from another document.*

Click here to enter text.

1. **SIGNATURES:**

*I confirm to the best of my knowledge that the information provided above is accurate and true.*

**INDIVIDUAL DECLARING A CONFLICT OF INTEREST** *(If different than the PI/QI)*

**Name:** Click here to enter text.Email: Click here to enter text. Phone: Ext. Enter Text

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Signature: Click here to enter a date.

**PRINCIPAL/QUALIFIED INVESTIGATOR** *(Required)*

**Name:** Click here to enter text.Email: Click here to enter text. Phone: Ext. Click here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Signature: Click here to enter a date.

**INSTITUTE OF MENTAL HEALTH RESEARCH ADMINISTRATIVE SIGN-OFF** *(Required)*

**Reviewed and accepted by:** Click here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Signature: Click here to enter a date.

***You must keep a copy of this completed form for your study file***