Each research team member, other than the Principal Investigator, is required to complete and sign a Declaration of Conflict of Interest Form to append to the REB application. If you require any assistance, please contact [SJCG\_REO@tbh.net](mailto:SJCG_REO@tbh.net).

|  |  |
| --- | --- |
| Principal Investigator: |  |
| Study Title: |  |

|  |  |
| --- | --- |
| **Research Team Member:** | |
| Name: | |
| Department and Institution: | |
| Phone: | Email: |

| **Section N: Declaration of Conflict of Interest** | | **Yes** | **No** |
| --- | --- | --- | --- |
| a. | Do you or your immediate family have any proprietary interests in the product under study or the outcome of the research including patents, trademarks, copyrights and licensing agreements? |  |  |
| b. | Do you receive any compensation which is linked to the outcome of this study? |  |  |
| c. | Do you or your immediate family members have equity interest in the sponsoring company? |  |  |
| d. | Do you or your immediate family members receive payments of any kind from this sponsor (e.g., grants, compensation in the form of equipment or supplies, retainers for ongoing consultation or honoraria)? |  |  |
| e. | Are you or your immediate family members representatives on the sponsor’s Board of Directors (or comparable body)? |  |  |

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| If the answer is “Yes” to any of the questions in Section N, please describe the arrangement and the implications of the potential conflict of interest, including the additional protections which have been put into place to protect study participants and/or information accessed. |
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| --- | --- |
| Team Member’s Signature: |  |
| Print Name: |  |
| Date: (month day, year) |  |