Form 24.1 Conflict of Interest Declaration (Protocol Review)

**Eastern Visayas Health Research and Development Consortium - Ethics Review Committee**

***CONFLICT OF INTEREST DECLARATION (PROTOCOL REVIEW)***

Conflict of Interest (COI): Real, potential or perceived COI arises when an individual in a position of trust has competing professional or personal interests. Such competing interests may influence his or her professional judgment, objectivity and independence and can potentially influence the outcome of a decision, for personal benefit. A COI may exist even if no unethical or improper act results from the conflict.

The Members (including the Chair) of the Eastern Visayas Health Research and Development Consortium - Ethics Review Committee and its consultants shall sign this agreement to disclose any Conflict of Interest that they may have in the review of research protocols and other related documents.

This Declaration is in reference to the research protocol/s:

| ERC Protocol No |  |
| --- | --- |
| Study Protocol Title |  |
| Principal Investigator |  |
| Sponsor |  |
| Date of Review |  |

INSTRUCTIONS TO ERC MEMBERS OR CONSULTANTS:

Before affixing your signature below, please consider each of the following statements in relation to: 1) all your past and current official positions; and 2) all your immediate family members, especially spouse and children. Then, check (√) your answer in the ‘yes’ or the ‘no’ column.

I have interests or commitments to disclose, as described below /AS CHECKED

| ☐ | Financial Conflict of Interest (please describe and elaborate) |
| --- | --- |
| ☐ | Non-financial Conflict of Interest (please describe and elaborate) |

| **STATEMENTS** | **YES** | **NO** | **NA** |
| --- | --- | --- | --- |
| * I/My family have owned stocks and shares in the proponent organization(s) |  |  |  |
| * I/My family have received a salary, an honorarium, a compensation, concessions and gifts from the proponent organization(s) |  |  |  |
| * I/My family have served as an officer, director, advisor, trustee, consultant or an active participant in the activities of the proponent organization(s) |  |  |  |
| * I/My family/my other organizations have had research work experience with the principal investigator(s) / sponsor(s) |  |  |  |
| * I/My family/my other organizations have a long-standing issue against the principal investigator(s), the proponent organization(s), or the funding agency. |  |  |  |
| * I/My family have regular social activities, such as parties, home visits and sports events, with the principal investigator(s) |  |  |  |
| * I/My family/my other organizations have an interest in or an ownership issue against the proposed topic |  |  |  |
| * I/My family have a role in the conduct and possible publication of the referenced protocol as :   ☐ Principal Investigator ☐ Study Coordinator  ☐ Co-Investigator ☐ Co-Author  ☐ Sub-Investigator ☐ Research Advise |  |  |  |
| * I/My family have a proprietary interest(s) or potential proprietary interest, in the product under study or the outcome of the research including, but not limited to, patents, trademarks, copyrights and licensing agreements |  |  |  |
| * Other possible sources of conflict : Please describe and elaborate |  |  |  |

As a member/consultant of the Eastern Visayas Health Research and Development Consortium - Ethics Review Committee, I am disclosing any conflict of interest, real, perceived or potential, that I may have in connection with the review of specific research protocols and related documents.

I am doing this before or during any deliberations so that I may not participate in the decision regarding the said protocol.

| SIGNATURE |  |
| --- | --- |
| PRINTED NAME |  |
| POSITION |  |
| DATE SIGNED |  |