**CONFLICT OF INTEREST DECLARATION**

*Please consult with the Bruyère Health REB office if you have any questions about the use of this form or require assistance in its completion:* [*REB@bruyere.org*](mailto:REB@bruyere.org)

**Use of this form:**

This form is to be completed by the Principal Investigator(s) and all responsible Co-Investigators leading or working on a research study. Please submit the form to your **Research Services Manager** for sign-off prior to submitting to the REB for review.

**Who must disclose a conflict of interest?**

In addition, any staff, students, volunteers, directors/managers, contractors, and affiliates of Bruyère Health and the Bruyère Health Research Institute who have any conflicts described in Section 24 of the *BREB – General* form and section 19 of the *BREB – Chart, Database Review & Secondary Use* form.

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| 1. **GENERAL INFORMATION** | | |
| **REB #** | | **PRINCIPAL INVESTIGATOR NAME:** |
|  | |  |
| **STUDY TITLE:** | | |
|  | | |
| **Name of individual completing this form:** | | **Role of individual completing this form:** |
| 1. **NATURE OF THE CONFLICT OF INTEREST** | | |
| Check and complete all that apply. This Declaration applies also to immediate family members (spouse, partner and children) and any related or associated corporate, trust or other business entity. | | |
| Personal or corporate financial benefits (including material goods, honorariums, payments, gifts, consulting or lecture fees, etc.).  **Please specify the dollar amount and/or the nature of the material goods:** | Competing Interests (financial, religious, academic, political, personal, etc.)  **Please specify:** | |
| Familial or personal relationship (including spouse/partner and children)  **Please specify:** | Personal or professional benefits related to development of products, devices, etc.  **Please specify:** | |
| Ownership of any shares or other equity or beneficial interest in any entity that would or may benefit from any discovery or finding of the research or program of research.  **Please specify:** | Possession or control of any interest in intellectual property (including patents, copyrights, or rights to royalties, etc., in any invention, product or technology developed in this research or program of research).  **Please specify:** | |
| Access to, or use of, research data (repositories, etc.)  **Please specify:** | Position on a board, committee, etc.  **Please specify:** | |
| Relationship (personal or professional) with academic publishing journal  **Please specify:** | Legal involvement/interest  **Please specify:** | |
| Grant/funding awards by the sponsor or funder of the study (either to the PI, collaborators, or the institution)  **Please specify the dollar amount:** | Collaboration or relationship with advocacy groups who contributed, or are contributing, to the project  **Please specify:** | |
| Other  **Please specify:** | | |
| I declare that I have no conflicts as described above or any other that might affect, or reasonably be interpreted as affecting, my ability to carry out the study in a responsible way, without financial or other improper influence. | | |
| 1. **DETAILS AND CLARIFICATION** | | |
| Please provide more detail and clarification as to the nature of the conflict of interest, the name(s) of the institution(s)/individual(s) that are associated and explain how this will be mitigated and managed proportionate to safeguarding the integrity of the research. | | |
| 1. **SIGNATURE SECTION** | | |
| I hereby declare that the above information is true to the best of my knowledge. | | |
| 1. **Individual making this declaration** (if different than the PI) | | |
| Name: Email:  Signature: Date of Signature: | | |
| 1. **Principal Investigator** (Required) | | |
| Name: Email:  Signature: Date of Signature: | | |
| **BRUYÈRE HEALTH RESEARCH INSTITUTE SIGN-OFF** *(Required)* | | |
| **Reviewed and approved by:**  **Signature: Date of Signature:** | | |

***Please keep a copy of this form in your study file***