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**Conflict of Interest (COI) Declaration Form**

**INSTITUTIONAL ETHICS COMMITTEE (IEC)**

**SECTION 1.0: GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **IEC Reference ID:** |  | |
| **Research Title:** |  | |
| **Study Type:** | **IIR (Investigator Initiated Research)**  **ISR (Industry Sponsored Research)** | |
| **Principal Investigator’s Name:** | |  |
| **Sponsor/Funding (if any):** | |  |
| **Study Team Members:**  *Note:*   1. *Please list all the research team members (Principal/ Coordinating Investigator, Principal Investigator at the Site and Co/Sub Investigator at the Site) involved in this study.*  |  |  |  | | --- | --- | --- | | **Investigator Name** | **Site Conducted** | **Investigator’s Role**  *(Principal/ Coordinating Investigator, Principal Investigator at the Site Or Co/Sub Investigator at the Site)* | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | |

**SECTION 2.0: CONFLICT OF INTEREST INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| 2.1 **Instruction**: Please read each of the statements below and mark/tick (√) in the appropriate column  *Please note that the statements below are relevant to/applicable to your study team members (Principal/ Coordinating Investigator, Principal Investigator at the Site and Co/Sub Investigator at the Site), your spouse and each dependent child.* | | | |
| **Nature of Interest** | **YES** | **NO** | **If YES, please describe/ explain your plan for reducing or eliminating the potential conflict of interest:** *(note: IEC may recommend other conditions if such condition will eliminate, reduce or manage the conflict of interest/s)* |
| Financial arrangement / anticipated compensation/ employment by the sponsor or product manufacturer |  |  |  |
| Proprietary interest *(e.g. trademark, copyright, licensing agreement, royalty payment or compensation tied to sales of the product)* |  |  |  |
| Equity interest in the product manufacturer/ any commercial organisation being involved in this research *(e.g. ownership interest, stock options or other financial interest)* |  |  |  |
| Any significant payment of other sorts from the sponsor or product manufacturer to support activities of the investigators (exclusive of the cost of conducting the clinical study/research) |  |  |  |

**SECTION 3.0 DECLARATION BY PRINCIPAL / COORDINATING INVESTIGATOR**

|  |
| --- |
| I certify that the responses to the statements above are accurate and complete and that my responses constitute a full disclosure of any conflicting interest/s and activities that may affect the integrity of the research or the rights, safety and welfare of human subjects.  I will promptly disclose to IEC any significant new information which would cause the answers to the above statements to change during the course of the study. |

***Important note: Please note that the terms “I” and “my” include your study team members (Principal/Coordinating Investigator, Principal Investigator at the Site and Co/Sub Investigator at the Site), your spouse and each dependent child***

|  |  |
| --- | --- |
| Signature : | Date: |
| Name : | Designation: |