**CONFLICT OF INTEREST DECLARATION FORM FOR INVESTIGATORS**

**SECTION 1.0: GENERAL INFORMATION**

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| **Research ID:** |  | **Protocol Number:** **(if any):** |  |
| **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.*

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| **Investigator Name** | **Site Conducted** | **Investigator’s Role***(Principal/ Coordinating Investigator, Principal Investigator at the Site Or Co/Sub Investigator at the Site)* |
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**SECTION 2.0: CONFLICT OF INTEREST INFORMATION**

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| 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 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.* |
| **Nature of Interest** | **YES** | **NO** | **If YES, please describe/ explain your plan for reducing or eliminating the potential conflict of interest :** ***(note: MREC 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**

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| 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 MREC 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***

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