**Please complete and sign this statement:**

All pages must be signed and dated. If the document is completed by hand, please ensure that the required information is clearly presented.

I, the undersigned [Name, Title, Profession]

 ……………………………………………………………………………………………………….. have read the definition, the policy and procedure of Conflict Of Interests.

|  |  |
| --- | --- |
| **Study name:****Protocol number:** |  |

**Sponsor:**

Hereby, I certify that all direct or indirect interests that could affect the objectivity I do have in the course of this study are listed below:

**Potential Conflict of Interests:**

|  |  |
| --- | --- |
| Financial participations in capital (equity investments) |  |
| Personal remuneration (any and all amounts in €) |  |
| Family member remuneration (any and all amounts in €) |  |
| Fixed or permanent links (employment contract, regular pay, consultancy, other) |  |
| Specific interventions (expert reports, consulting, conferences, training, clinical trials and scientific research, etc.) |  |
| Participation in a patent as inventor or co-inventor (part) |  |
| Other links without remuneration (parents employees in companies mentioned above, other) |  |
| The institution / company that employs me receives a grant or other financing from another institution / company conducting operations concerning medicines or health products (I do not get personal gains) [[1]](#footnote-1) |  |

I undertake to inform the Ethics Committee of any change in my potential conflicts of interest. I will complete a new Declaration of Interest detailing the changes.

One original form is kept in the Investigaor Site File. The EC will receive of a copy of the original.

|  |  |
| --- | --- |
| Signature: | Date: |

1. With the exception of all fees paid by the institution / company for services rendered. [↑](#footnote-ref-1)