



## CONFLICTS OF INTEREST DISCLOSURE REPORT FORM

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Appendix 1 to the *Policy on Conflicts of Interest ("COI") in Research* ([VPRGS-5](#))

To be completed by any Member who anticipates a COI.

SECTION 1: To be completed by the Member

Name of Member \_\_\_\_\_

Date of the present Disclosure \_\_\_\_\_

Faculty / Department \_\_\_\_\_

Email address and telephone number \_\_\_\_\_

Status/title of Member taking part in research (check one):

Faculty member

Undergraduate student

Graduate student

Post-doctoral fellow

Research associate

Technical staff

Adjunct professor

Visiting professor

Administrator

Other: \_\_\_\_\_

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Describe below (or in a separate attached document) the research project in question<sup>1</sup>:

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Describe below (or in a separate attached document) the nature and extent of the COI including all services or situations which could place the Member in a real or perceived COI <sup>2</sup> in accordance with the *Policy on Conflicts of Interest ("COI") in Research* ([VPRGS-5](#))

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Signature of Member

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<sup>1</sup> All information disclosed will be held in confidence in accordance with University policy and legislative, regulatory and contractual requirements.

<sup>2</sup> Until activities, services or situations having COI considerations are disclosed, assessed and dealt with, Members shall not engage in such activities services or situations.



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Signature of the Member agreeing and consenting to the aforementioned conditions:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date of decision by Reporting Officer \_\_\_\_\_

Signature of Reporting Officer \_\_\_\_\_