If you require any assistance, please contact **TBR\_REO@tbh.net**

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| **TBRHSC REB** # |       |  |
| Principal Investigator: |       |
| Full Study Title: |       |

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| NOTE: Each additional project investigator is required to complete and sign a Declaration of Conflict of Interest Form to append to the REB application (hard copy original required).  |
| **Co-Investigator:** name and affiliation |
| Name:       | Department and Institution:       | Position:       |
| Address:       |
| Phone:       | Fax:       | Email:       |

| **Section N: Declaration of Conflict of Interest for Co-Investigator**  | **Yes** | **No** |
| --- | --- | --- |
| a. | Do you or your immediate family have any proprietary interests in the product under study or the outcome of the research including patents, trademarks, copyrights and licensing agreements? | [ ]  | [ ]  |
| b. | Do you receive any compensation which is linked to the outcome of this study? | [ ]  | [ ]  |
| c. | Do you or your immediate family members have equity interest in the sponsoring company?  | [ ]  | [ ]  |
| d. | Do you or your immediate family members receive payments of any kind from this sponsor (e.g., grants, compensation in the form of equipment or supplies, retainers for ongoing consultation or honoraria)?  | [ ]  | [ ]  |
| e. | Are you or your immediate family members representatives on the sponsor’s Board of Directors (or comparable body)?  | [ ]  | [ ]  |
| If the answer is “Yes” to any of the questions in Section N above, please describe the arrangement and the implications of the potential conflict of interest, including the additional protections which have been put into place to protect study participants and/or information accessed.  |
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| Investigator’s Signature:*(sign final hard copy after printing)* |  |
| Print Name:  |       |
| Date: [month day, year ]  |       |