If you require any assistance, please contact **[TBR\_REO@tbh.net](mailto: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 ] |  |