**IRB & DSRB Application Form**

|  |
| --- |
| **OFFICIAL USE ONLY** |
| **Doc Name :**IRB & DSRB Application Form Annex – Conflict of Interest Declaration Form |
| **Doc Number :** 205-003 |
| **Doc Version :** 7.0 | **Date :** 20 November 2018 |

**Annex B – Conflict of Interest Declaration Form**

|  |
| --- |
| The primary purpose of this conflict of interest declaration is to prevent bias in the design, conduct, or reporting of research projects. This Financial Interest Declaration Form should be completed annually by each principal investigator, collaborator, co-investigator and research staff participating in research. If there are any changes to the financial conflict of interest, the individual should disclose the financial interests to DSRB within 30 calendar days. **Conflicting Interest** – A conflicting interest can be broadly defined to refer to any interest of the investigator and/or study team member or immediate family (includes parents, siblings, spouse and each dependent child) that competes with the investigator’s/study team member’s obligation to protect the rights and welfare of research subjects.**Financial Interest** – Financial interest related to the research means financial interest in the sponsor, product or service being tested. Significant Financial Interest means anything of monetary value, including but not limited to, salary or payments for services (e.g. consulting fees or honoraria); equity interests (e.g. stocks, stock options or other ownership interests); intellectual property rights (e.g. patents, copyrights and royalties from such rights), and board or executive relationships. |

**Section A – Disclosure of Financial Interest Related to Research**

\*Please refer to the URL below for details of the individual’s disclosable financial arrangements and interests.

[https://www.research.nhg.com.sg/wps/wcm/connect/romp/nhgromp/hspp/financial+conflict+of+interest/fcoi+policy](https://www.research.nhg.com.sg/wps/wcm/connect/romp/nhgromp/hspp/financial%2Bconflict%2Bof%2Binterest/fcoi%2Bpolicy)

Please check a box (Yes/Nil) for each point below.

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **I declare that** | **Yes** | **Nil** |
|  | In the past 12 months, I and/or my immediate family had received compensation by a commercial sponsor(s) of research study(s) in which the value of compensation could be affected by study(s) outcome(s).  | [ ]  Please describe *the financial interest and your plan to manage the conflicting interest. Please provide the DSRB Reference Number of studies that may be affected by this FCOI (if any).*  | [ ]  |
| **S/N** | **I declare that** | **Yes** | **Nil** |
|  | In the past 12 months, I and/or my immediate family had received proprietary interest in tested product(s) including, but not limited to, a patent, trademark, copyright or licensing agreement. | [ ]  Please describe *the financial interest and your plan to manage the conflicting interest. Please provide the DSRB Reference Number of studies that may be affected by this FCOI.* | [ ]  |
|  | In the past 12 months, I and/or my immediate family had received equity interest from a commercial sponsor of my research study(s), i.e., any ownership interest, stock options, or other financial interest whose value cannot be readily determined through reference to public prices. (This requirement applies to interests held during the time the investigator or study team member is carrying out research and for one year following completion of the study(s).) | [ ]  Please describe *the financial interest and your plan to manage the conflicting interest. Please provide the DSRB Reference Number of studies that may be affected by this FCOI.* | [ ]   |
|  | In the past 12 months, I and/or my immediate family had received equity interest from a commercial sponsor of my research study(s). The commercial sponsor is a publicly held company and the interest exceeds $50,000 in value. (This requirement applies to interests held during the time the investigator or study team member is carrying out the study and for one year following completion of the study.) | [ ]  Please describe *the financial interest and your plan to manage the conflicting interest. Please provide the DSRB Reference Number of studies that may be affected by this FCOI.* | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **I declare that** | **Yes** | **Nil** |
|  | In the past 12 months, I and/or my immediate family had received significant payments of other sorts (SPOOS)[[1]](#footnote-1). | [ ]  Please describe *the financial interest and your plan to manage the conflicting interest. Please provide the DSRB Reference Number of studies that may be affected by this FCOI.* | [ ]  |

**Section B – Declaration by Principal Investigator/Collaborator/Co-Investigator/Research Staff**

[ ]  I confirm that I have read through the latest Policy & Requirements for Declaration of Financial Conflict of Interest.

[ ]  I confirm that the information submitted in this Declaration Form is true and accurate on the date of declaration.

|  |  |  |  |
| --- | --- | --- | --- |
| *Signature:* |  | *Date of Declaration:* |  |
|  |  |
| *Full Name:* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |
| *Institution:* | Text Field |
| *Department:* | Text Field |
| *Email\*:* | Text Field |

*\*Please provide the same email address which you had used in your Research Online Administration & Management (ROAM) account if applicable.*

**Note:**

1. *This Declaration is valid until the next Declaration cycle (i.e. 31 Dec of each year).*
2. *Please submit an updated Conflict of Interest Declaration Form as soon as possible but not later than 30 calendar days if any of the circumstances relevant described herein change during the conduct of the research. If any changes to the DSRB Application is required as a result of the management plan (e.g. update to Informed Consent Form, please submit a Separate Amendment Cover Note to the respective Domains.*
1. SPOOS are payments that have a cumulative monetary value of $25,000 or more and are made by any commercial sponsor of the study to the investigator, study team member or their institution during the time the investigator or study team member is carrying out the study and for one year following completion of the study. This would include payments that support activities of the investigator or study team member excluding the costs of conducting the clinical study (e.g., a grant to the investigator or to the institution to fund the investigator’s ongoing research or compensation in the form of equipment) and other reimbursements such as retainers for ongoing consultation or honoraria [↑](#footnote-ref-1)