

Investigator's Conflict of Interest Declaration Form

(Download updated form from the GHK intra-net or GHK Clinical Research internet for use & submit supporting documents if applicable)

For HKU-GHK IRB Office Use:

Date received: _____ (dd/mm/yyyy)

Application Reference No.: _____

Unbiased design, operations, analysis, conclusion and results disclosure is the ground for objective scientific clinical research and is essential to gaining public trust. Any conflicting interest that may affect an investigator's impartiality in a clinical study should be avoided. An investigator therefore must disclose any potential conflicting interest in respect of a clinical study to allow a fair evaluation by the Institutional Review Board of The University of Hong Kong/Gleneagles Hospital Hong Kong (HKU/GHK IRB).

Part I: Basic Information

Study Title:	
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Part II: Declaration Details *(Please check the following box(es) as appropriate)*

I hereby declare that I have the following interest(s) in connection with the study:

Interests	
<input type="checkbox"/>	Any proprietary interest in the study and/or the investigational product(s)/procedure(s) (e.g. patent and licensing agreement)
<input type="checkbox"/>	Any equity interest in an organization owning the rights to the study and/or the investigational product(s)/procedure(s) (e.g. stocks, options and being an owner /shareholder /partner of the organization), except for indirect ownership through collective investment schemes (e.g. mutual funds and mandatory provident funds) in which I have no control over the investment strategy
<input type="checkbox"/>	Any financial payment or valuable provided by an organization owning the rights to the study and/or the investigational product(s)/procedure(s) other than the costs for running a clinical study (e.g. donation of equipment, honorarium and any kind of payment to you as a consultant /advisor /spokesperson /employee of the organization)
<input type="checkbox"/>	Any financial arrangement linking to the outcomes of a clinical study and/or the investigational product(s)/procedure(s) (e.g. royalty fee)
<input type="checkbox"/>	Any decision-making or influential position in an organization owning the rights to the study and/or the investigational product(s)/procedure(s) (e.g. director and officer)
<input type="checkbox"/>	A direct family relationship with a person having any of the above interests (e.g. spouse)
<input type="checkbox"/>	*Other potential conflicting interest (e.g. being a member of a relevant government committee, drug formulary committee or tender assessment panel) (Please specify, if any): _____

** The IRB will consider if this declared interest will lead to any bias in your performance of your responsibilities in the study. The IRB may request for further information about your declared interest as needed.*

I hereby declare that I am not aware of any conflicting interest that may affect my unbiased performance of my responsibilities in the study. I agree to update the IRB if there is any change to my above declaration during the course of the study.

Part III: Confirmation and Signature (Mandatory)

1. I confirm that the information provided is true and correct.
2. I will also report any potential conflict of interest to IRB that may arise in the course of the approved study.
3. I understand that the information I provided herein will be made accessible to the relevant departments /divisions /offices of the Hospital Authority and/or your affiliated universities /institutions /organizations (e.g. human resources, procurement, finance and compliance departments) for the purposes of institutional governance, control and compliance.

(Name)

(Signature)

(Date)