# Instructions:

1. *One form copy should be completed by each member of the research personnel.*
2. ***ONLY*** *key research personnel* *engaged in executing the planned research should complete this form. Key research personnel include those who perform one or more of the activities listed below:*

* *Obtain informed consent*
* *Obtain data through communication or interpersonal contact or interaction*
* *Obtain private identifiable human subjects’ data or samples*
* *Obtain data through intervention*
* *Access human subjects’ medical records*

# Project Title

|  |
| --- |
|  |

# Research Personnel and their role

*Please mark (by a mouse click) the appropriate checkbox(s)*

|  |  |
| --- | --- |
| **Investigator’s Name** |  |
| **Job title** |  |
| **Institutional affiliation** | Primary Health Care Corporation  Hamad Medical Corporation  Sidra Medicine  Qatar University  University of Doha for Science and Technology  Qatar Bio Bank  Ministry of Public Health  Aspetar Hospital  Hamad Bin Khalifa University  Weill Cornell Medicine – Qatar  Doha Institute for Graduate Studies  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Details of institutional affiliation (e.g. hospital/ health center/ directorate/ department/ unit/ section)** |  |
| **Mobile number** |  |
| **Institutional email** |  |

# Conflict of Interest

|  |  |
| --- | --- |
| **Sponsor**  ***(organization/person responsible for the conduct of a clinical investigation)*** | *Insert name of sponsor(if any)* |
| **Funder**  ***(organization providing financial support for a study)*** | *Insert name funder (if any)* |

All the members of the research team should declare any potential interests, financial or otherwise that could influence their impartiality in research-related activities. If in any doubt as to whether or not something represents an interest, It is better to declare it.

## Definitions:

A conflict of interest exists when professional judgment concerning a primary interest (such as the validity of research) may be influenced by a secondary interest (such as financial gain or personal competition).

This form requires investigators to disclose three types of information:

* Associations with commercial entities that provided support for the work reported in the submitted protocol;
* Associations with commercial entities that could be viewed as having an interest in the general area of the submitted protocol; and
* Non-financial associations that may be relevant or seen as relevant to the submitted protocol.

## Purpose:

Completion of this declaration form is required because of your involvement in research-related activities and to protect you from charges of real or apparent conflict of interest.

We believe that to make the best decision on how to deal with a protocol we should know about any such conflict of interest that the investigators might have. We are not aiming to eradicate conflicts of interests – they are almost inevitable. We will not reject protocols simply because the authors have a conflict of interest, but we publish this declaration in case investigators have conflicts of interests or not.

Please complete all sections of the table below:

| **Potential Conflict of Interest** | **Yes** | **No** | **Comment (if any by Investigator)** |
| --- | --- | --- | --- |
| Had any financial relationships/income from any company/organization including sponsor *(if any)* that might have an interest in the submitted research protocol in the previous 12 months or anticipated having in the next 12 months. |  |  |  |
| Got support from any company/organization including sponsor *(if any)* for the submitted research protocol in the previous 12 months or anticipated getting in the next 12 months (e.g. Support for travel to meetings for the study, protocol preparation or other purposes) |  |  |  |
| Having any relationships or activities that could appear to have influenced the submitted research protocol |  |  |  |
| Any of your family/relatives had any financial or non-financial benefits from any company/organization including sponsor *(if any)* that might have an interest in the submitted research protocol in the previous 12 months or anticipated having in the next 12 months |  |  |  |

# Declaration:

I hereby acknowledge that I will:

* ensure all research activities have an approval and are implemented as approved across all proposed research sites.
* obtain approval for any proposed changes to the approved research plan, including but not limited to, methodology or personnel changes, prior to its implementation.
* ensure the confidentiality and security of all information obtained from and about human subjects.
* adhere to the ethical principles, policies, regulations and guidelines for research involving human subjects stipulated by Ministry of Public Health (MoPH) Qatar.
* comply with requirements for timely reporting of unanticipated problems involving risks to subjects or others including adverse effect, safety reports, or data safety and monitoring summary reports.
* communicate appropriately with PHCC research office in a timely manner if and when information is requested.
* make provisions for secured retention of complete research records and research materials as required.
* ensure reporting compliance with PHCC research office requirements.

**Name:**

**Date:** Click or tap to enter a date.

**Signature:**