 **Disclosure of a Conflict of Interest Form**

(This form should be read in conjunction with the CRIC’s Terms of Reference)

**DISCLOSURE**

I, (Insert full name) ……………………………………………………………………………………………………………………………………………………….……………..,hereby declare that,

1. I have disclosed below any real, potential or perceived conflict of interest in the past two years regarding my CRIC role (includes Scientific Steering Committee, Advisory Board Member, Staff, Adjunct, Investigator or Student).
2. I agree to provide the CRIC with an updated Disclosure of a Conflict of Interest Form whenever there is a change in circumstances that requires disclosure.

*Signature:* ……………………………………………………………………………………..……………………………………………………….. *Date:* ……………/……………/……..………

|  |  |  |  |
| --- | --- | --- | --- |
| Role/s at the CRIC (please tick all applicable boxes): | | | Comments |
|  |
| Scientific Steering Committee | **🞎** | |  |
| Advisory Board | **🞎** | |  |
| Staff | **🞎** | |  |
| Adjunct | **🞎** | |  |
| Student | PhD **🞎** BMedSc **🞎** | |  |
| Investigator on: | Management Committee | Steering Committee |  |
| * CRIC | 🞎 | **🞎** |  |
| * Stress ulcer prophylaxis in the ICU patients | 🞎 | **🞎** |  |
| * Antipsychotics for ICU-aquired delirium | 🞎 | **🞎** |  |
| * Oxygen therapy for ICU patients with severe hypoxia | 🞎 | **🞎** |  |
| * Systematic reviews and meta-analyses | 🞎 | **🞎** |  |
| * Statistical analyses of trials of intensive care interventions | 🞎 | **🞎** |  |
| Investigator on: | Management Committee | Steering Committee | Comments |
| * Other CRIC study (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 | **🞎** |  |
| * Other CRIC study (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 | **🞎** |  |

**DISCLOSURE (continued)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category of Interest | Conflict of Interest  (Please tick all applicable boxes) | | | | Please provide names and amounts |
|  | Real | Potential | Perceived | No |  |
| Grants from industry sources (including research or travel grants) | 🞎 | **🞎** | **🞎** | **🞎** |  |
| Industry sponsorship / fellowship (salary) | 🞎 | **🞎** | **🞎** | **🞎** |  |
| Honoraria / speaking fees | 🞎 | **🞎** | **🞎** | **🞎** |  |
| Conference expenses paid by industry sources | 🞎 | **🞎** | **🞎** | **🞎** |  |
| Hospitality or gifts from industry sources (including but not limited to travel, accommodation, meals, entertainment or events) | 🞎 | **🞎** | **🞎** | **🞎** |  |
| Industry employment / consultancies | 🞎 | **🞎** | **🞎** | **🞎** |  |
| Industry financial interest (includes shares, equity) | 🞎 | **🞎** | **🞎** | **🞎** |  |
| Other (intellectual or other relevant interests that, broadly viewed, could be construed as constituting a conflict of interest or the appearance thereof) | 🞎 | **🞎** | **🞎** | **🞎** |  |
| Does any immediate family member have any personal or financial interest (including shares) in the outcome of your CRIC related research projects? | 🞎 | **🞎** | **🞎** | **🞎** |  |

**ARANGEMENTS PROPOSED TO RESOLVE/MANAGE THE Conflict of Interest**

Please detail the arrangements proposed to resolve/manage the conflict (attach additional pages if necessary).

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**ENDORSEMENT by THE CHAIR:**

I, (insert full name) ………………………………………………………………………………..…………………... have reviewed the disclosure (and plan where applicable) and:

* As there is no declared conflict of interest, no further action is necessary in relation to this matter.
* Believe that a plan to manage the conflict of interest is not required and that no further action is necessary in relation to this matter.
* Believe that the proposed arrangements outlined in this disclosure will mitigate or remove the conflict of interest but I will continue to monitor the situation.
* Believe that the proposed arrangements outlined in this disclosure are insufficient and a detailed management plan to mitigate or remove the conflict of interest needs to be developed by the CRIC Scientific Steering Committee in conjunction with the individual who has the conflict of interest.

*Signature CRIC Scientific Steering Committee chair:* …………………………….….. *Date:* ……………/……………/……..………

**If applicable, Management Plan developed in conjunction with the advisory board**

🞎 Agreed management plan attached *Date:* ……………/……………/……..………