

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 <u>all</u> applicable boxes):			Comments
Scientific Steering Committee	<input type="checkbox"/>		
Advisory Board	<input type="checkbox"/>		
Staff	<input type="checkbox"/>		
Adjunct	<input type="checkbox"/>		
Student	PhD <input type="checkbox"/>	BMedSc <input type="checkbox"/>	
Investigator on:	Management Committee	Steering Committee	
• CRIC	<input type="checkbox"/>	<input type="checkbox"/>	
• Stress ulcer prophylaxis in the ICU patients	<input type="checkbox"/>	<input type="checkbox"/>	
• Antipsychotics for ICU-acquired delirium	<input type="checkbox"/>	<input type="checkbox"/>	
• Oxygen therapy for ICU patients with severe hypoxia	<input type="checkbox"/>	<input type="checkbox"/>	
• Systematic reviews and meta-analyses	<input type="checkbox"/>	<input type="checkbox"/>	
• Statistical analyses of trials of intensive care interventions	<input type="checkbox"/>	<input type="checkbox"/>	

Investigator on:	Management Committee	Steering Committee	Comments
• Other CRIC study (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	
• Other CRIC study (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

DISCLOSURE (continued)

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

ARRANGEMENTS 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:/...../.....