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| **Full Study Title:** |  |

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| **Principle Investigator:** |  |

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| **Declaration of Conflict of Interest** | | **Yes** | **No** |
| a. | Do you or your immediate family have any proprietary interests in the product under study or the outcome of the research including patents, trademarks, copyrights and licensing agreements? |  | x |
| b. | Do you receive any compensation which is linked to the outcome of this research study? |  | x |
| c. | Do you or your immediate family members have equity interest in the sponsoring company? |  | x |
| d. | Do you or your immediate family members receive payments or any kind from this sponsor (e.g. grants, compensation in the form of equipment or supplies, retainers for ongoing consultations or honoraria)? |  | x |
| e. | Are you or your immediate family members representatives on the sponsor’s Board of Directors (or comparable body)? |  | x |
| *If the answer is “Yes” to any of the questions above, please describe the arrangement and the implications of potential conflict of interest, including the additional protections which have been put into place to protect study participants and/or information accessed.* | | | |
| *Arrangement, Implications and Additional Protections:* | | | |

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| Researcher’s Name: | Michelle Dimas |
| Signature: |  |
| Date: | 31-May-2021 |