



**MINISTRY OF HEALTH**  
**PHARMACY AND POISONS BOARD**

**DECLARATION OF FINANCIAL DISCLOSURE/CONFLICT OF INTEREST BY PI**

Protocol Title:	
Protocol Number:	
Study Site(s):	
Principal Investigator:	
Name of Person Completing this form:	
Study Role of person completing this form:	
Study Sponsor:	
Study Funded by:	

**Note: For the purposes of this document the term “clinical investigator” includes the spouse (s) and all dependent children.**

**Read each of the statements in the left column and answer each statement with “True” or “False”. If, during the course of the study any of your answers change from “True” to “False” then a new form must be completed and submitted to PPB.**

	True	False
<p>I hold a significant equity interest in the Sponsor or Funding Company of the applied/listed clinical trial.</p> <p>This would include, for example, any ownership interest, stock options, Commercial business interests (e.g., proprietorships, partnerships, joint ventures, board memberships, controlling interest in a company) or other financial interest which may also include indirect investments such as a trust or holding company whose value cannot be easily determined through reference to public prices, or an equity interest exceeding USD \$50,000.</p> <p>If “True” please describe:</p>		
<p>I am in receipt of significant payments of other sorts, the total of which exceeds USD \$25,000, EXCLUDING the costs of conducting the trial or other clinical trials.</p>		

<p>This could include, for example, payments made to the investigator or the institution to support activities (i.e., a grant to fund ongoing research, compensation in the form of equipment, or retainers for ongoing consultation or honoraria).</p> <p>If “True” please describe:</p>		
<p>I hold a proprietary or financial interest in the test product such as a patent, trademark, copyright (including pending applications), or licensing agreement.</p> <p>If “True” please describe:</p>		
<p>I have financial arrangements whereby the value of the compensation could be influenced by the outcome of the trial.</p> <p>This could include, for example, compensation that is explicitly greater for a favourable outcome, or compensation to the investigator in the form of an equity interest in the sponsor or in the form of compensation tied to sales of the product, such as a royalty interest.</p> <p>If “True” please describe:</p>		
<p>To your knowledge, would the outcome of the study benefit or adversely affect interests of others with whom you have substantial common personal, professional, financial or business interests (such as your adult children or siblings, close professional colleagues, administrative unit or department)?</p> <p>If “True” please describe:</p>		
<p><b>DECLARATION:</b> I hereby declare on my honour that the disclosed information is true and complete to the best of my knowledge.</p> <p>Should there be any change to the above information (including changes to my financial interests and arrangements, or those of my spouse(s) and dependent children), I will promptly notify Pharmacy and Poisons Board and complete a new declaration of interest form that describes the changes. This includes any change that occurs before or during the course of the trial or within one year after trial completion up to the publication of the final results.</p>		
<p><b>Full Names of Principal Investigator:</b></p>		
<p><b>Signature:</b> _____ <b>Date:</b> _____</p>		