

Declaration of Conflict of Interest for Committee Members/ Investigators
INSTITUTIONAL ETHICS COMMITTEE
H M PATEL CENTRE FOR MEDICAL CARE AND EDUCATION, KARAMSAD

Date:

To:

Chairperson IEC, HMPCMCE, Karamsad

From:

Member(s) IEC, HMPCMCE/ Investigator

Subject: Declaration of potential conflict of Interest

Reference: IEC, HMPCMCE Standard Operating Procedure [SOP]

I/We hereby declare that I/we do have a potential conflict of interest as member [s] of the committee/ investigator that may prevent my/ our full and unprejudiced participation in ethical review process of:

Protocol No. [if any]:

Project Title:

to be taken up for the ____ Full-committee/ Sub-committee / Exempt Review of the IEC .

The nature of this conflict of interest is described below:

I/ we request to abstain from enjoying any voting rights during the review of above proposal and be present only to provide any information requested by the IEC.

I/ we also declare that I/ we shall inform the IEC as soon as is practicable, should my/ our circumstances change in any way that effects this declaration.

Regards

Investigator (s) Name:

Signature with Date:

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