**DECLARATION OF INTEREST**

Option 1.

Adapted from template available in eudralex volume 10: <https://ec.europa.eu/health/documents/eudralex/vol-10>

The following declaration is in relation to the following study:

“……..” [*Please insert the full title and reference number*]

Are there any interests, such as economic interests, institutional affiliations or personal interests, which may influence your impartiality?

Yes  No

If Yes, please give details of all interests:

* …
* ...
* …

I declare that the information provided above is accurate to the best of my knowledge.

Name of investigator

Name of Institution:

Signed:

Date:

**DECLARATION OF INTEREST**

Option 2.

**Protocol title:**

**Protocol code:**

**Name of investigator:**

**Department:**

**Name of Institution:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Interests in pharmaceutical industry** | **No** | **Currently** | **Last 2 years** | **> 2 years but < 5 years ago** | **> 5 years ago** |
| Direct Interests: | | | | | |
| 1. Employment with a company |  |  |  |  |  |
| 2. Consultancy for a company |  |  |  |  |  |
| 3. Strategy advisory role for a company |  |  |  |  |  |
| 4. Financial interests |  |  |  |  |  |
| 5. Ownership of a patent |  |  |  |  |  |
| Indirect interests: | | | | | |
| 6. Principal investigator |  |  |  |  |  |
| 7. Co-Investigator |  |  |  |  |  |
| 8. Individual’s Institution/Organization receives a grant or other funding |  |  |  |  |  |
| 9. Medical Courses |  |  |  |  |  |
| Others: | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Date:**

**Signature:**