**CONFLICT OF INTEREST DECLARATION - COI**

**Protocol title:**

**Protocol code:**

**Investigator Name:**

**Institution:**

**Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:**