**COI POLICY IMPLEMENTATION DEPARTMENT MEMBER DISCLOSURE FORM**

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| A **Conflict of Interest** is defined as a situation that occurs when there is a divergence between an individual’s private interests and his or her general professional obligations such that an independent observer might reasonably question whether the individual’s professional actions or decisions are determined by considerations of personal gain, financial or otherwise. |
| Practicing physicians should not accept personal gifts of any significant monetary or other value from industry. Physicians should be aware that acceptance of gifts of any value has been shown to have the potential to influence clinical decision making. |
| In keeping with the intent of the Policy and Guidelines for Interactions between Schulich School of Medicine and Dentistry and Pharmaceutical, Biotech, Medical Device and Research Equipment Supplies Industry (“Industry”) department members are requested to complete the attached form, disclosing potential real or perceived conflicts of interest with industry.Physicians are asked to provide the name of the organization, however, disclosure of remuneration is required only if the total received from the organization is $10,000 or greater in one year. If total remuneration from one organization is less than $10,000 a year then only the name of the organization is required. |
| I have in the past 3 years, a financial interest, arrangement, or affiliation with one or more organizations that could be perceived as a direct/indirect conflict of interest. |
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| Affiliation/Financial Interest |
| Details – Name of Organization(s) | Amount (>$10,000) |
| Grant/Research Support |
|  - details 1 0 - details 2 10000 |
| Consulting Fees, Advisory Board |
|  - Advisory Board 1 0 |
| Speaker’s Honorarium |
|  - Honorarium for speaking at??? 0 |
| Major Stockholder (over $25,000) excluding Mutual Funds |
|  - not applicable 0 |
| Other Financial or Material Support  |
|  - not applicable 0 |

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_