

Conflict of Interest Disclosure Form

For Clinical Trials Investigators

Investigator Name

Institution

Title of Clinical Trial

Date

1. Financial Interests

☐ I or my immediate family have a financial interest related to this clinical trial.

If yes, provide details:

2. Personal Relationships

☐ I have a personal relationship that may influence my conduct or interpretation of the trial.

If yes, provide details:

3. Intellectual Property

☐ I have intellectual property interests (e.g., patents) related to the subject of the trial.

If yes, provide details:

4. Other Conflicts

☐ I have other interests, activities, or relationships that may be perceived as conflicts of interest.

If yes, specify:

☐ I declare that I have no conflicts of interest to disclose.

Signature

Date