

Conflict of Interest Disclosure

Biomedical Research Grant Applicant

Applicant Name

Email Address

Institution / Organization

Financial Interests

Do you or your immediate family have any financial relationship with entities that may have an interest in the subject matter of this research?

☐ Yes

☐ No

If yes, please describe (include organization, nature of interest, and amount):

Intellectual Property

Do you have any intellectual property (patents, copyrights, etc.) related to the research?

☐ Yes

☐ No

If yes, please describe:

Other Relationships

Do you have any other affiliations, relationships, or circumstances that might be perceived as a potential conflict of interest?

☐ Yes

☐ No

If yes, please describe:

Certification

I certify that the above information is complete and accurate to the best of my knowledge.

☐ I agree

Signature

Date