

Laboratory Collaboration Conflict of Interest Statement

Collaborator Information

Full Name

Affiliation / Institution

Email Address

Project Details

Project Title / Name

Names of Collaborators

Conflict of Interest Disclosure

Please disclose any financial, professional, or personal relationships that may represent a conflict of interest regarding this collaboration:

Declaration

By submitting this statement, I declare that the information provided above is true and complete to the best of my knowledge.

Signature

Date

