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# Vancouver Island University

## Researcher Declaration of Conflict of Interest

|  |  |
| --- | --- |
| Name of Principal Investigator(s):  |  |
| Research Project Title:  |  |
|  |  |
| Funding Agency and Competition or Sponsor:  |  |
| Agency submission deadline (if granted): |  |

This form is intended to guide VIU researchers in declarations of conflict of interest pursuant to Vancouver Island University [Conflicts of Interest Disclosure and Management in Research and Scholarly Activity Guidelines](https://research.viu.ca/sites/default/files/conflict-of-interest-disclosure-and-management-in-research-and-scholarly-activity.pdf), policy 31.10 and procedure 31.10.001 and to the requirements of Tri-Agency Responsible Conduct of Research Framework.

Fill out all categories that apply to you and attach the completed form in ROMEO when applying for funding or REB approval. It will be shared with your dean for approval and the AVP Research and Graduate Studies (designate for the Provost, Vice-President Academic). If you are declaring a conflict of interest that does not involve funding or the REB, please send this document via email to your Dean and the AVP Research and Graduate Studies.

NOTE: The completed disclosure form will be treated as confidential and will be disclosed to internal or external persons, or to third parties, only as required for the administration of university policies and processes, or as otherwise required by law.

Once identified, conflicts of interest are to be managed according to the terms of Policy 31.10 and in a manner satisfactory to the REB.

## Financial Interests

1. Have you or, to the best of your knowledge, any closely associated person to you or your research team performed any work for the sponsor/partner or any commercial entity that would appear to be affected by the conduct or outcome of this research project?

Yes [ ]  NO [ ]

If YES, in what capacity? Please check below all that apply:

|  |  |  |
| --- | --- | --- |
|  | You | Name of closely associated person or research team member |
| Consultant/Advisor |[ ] [ ]   |
| Employee |[ ] [ ]   |
| Independent contractor |[ ] [ ]   |
| Officer - Director |[ ] [ ]   |

1. Have you or, to the best of your knowledge, any closely associated person to you or your research team received compensation of any kind from the sponsor/partner or any commercial entity that would appear to be affected by the conduct or outcome of this research?

Yes [ ]  NO [ ]

If YES, please check below all that apply:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | You | Name of closely associated person or research team member | Amount/value/year | Date of receipt |
| Honoraria for lectures, papers, teaching |[ ] [ ]   |  |  |
| Salaries, Officer/Director's Fees  |[ ] [ ]   |  |  |
| Gifts/gratuities |[ ] [ ]   |  |  |
| Compensation for board service |[ ] [ ]   |  |  |
| Royalty payments |[ ] [ ]   |  |  |
| Fiduciary role |[ ]  [ ]  |  |  |  |
| Other |[ ] [ ]   |  |  |

1. Do you or, to the best of your knowledge, any closely associated person to you or to your research team own stocks, stock options or other forms of ownership in the sponsor/partner or any commercial entity that would appear to be affected by the conduct or outcome of the above-mentioned research?

Yes [ ]  NO [ ]

If you answered YES, please respond to the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | You | Name of closely associated person or member of research team | Value/% |
| *Publicly traded Company*Ownership | [ ]  | [ ]  |  |
| Stocks |[ ]  [ ]  |  |
| Stock Options |[ ]  [ ]  |  |
| Other forms of ownership |[ ] [ ]   |
|  | You | Name of closely associated person or member of research team | Shares/% |
| *Non-publicly traded Company*Stocks | [ ]  |[ ]   |
| Stock Options |[ ] [ ]   |
| Other forms of ownership |[ ] [ ]   |

1. Are you, or to the best of your knowledge, any closely associated person to you or any member of your research team, named as an inventor in an issued patent or patent application, the value of which would appear to be affected by the conduct or outcome of the proposed research?

If you answered YES, who has the ownership of the patent? Please check below all that apply:

[ ]  You

[ ]  Spouse / domestic partner

[ ]  Parents

[ ]  Descendants

[ ]  Other closely associated person

[ ]  Member of research team

Please explain:

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## Research Support

1. Does the research involve human subjects?

Yes [ ]  No [ ]

1. What is your role in the research study (e.g. Principal Investigator, site PI, blinded evaluator, research design, data collection, author, reviewer, technical operator)?

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## Research and Educational Supervision

Faculty are responsible for assuring that their students' (and others over whom they have scientific and technical oversight) research activities are consistent with the educational mission of the University and that normal progress of the student is made toward the desired degree.

1. Do you supervise any students, residents, or fellows in any research effort or educational program that is directly related to your financial interests as declared in this form (e.g. external consulting, intellectual property development, equity, or stock options)?

Yes [ ]  No [ ]

1. If yes, describe the procedures that are in place to ensure that your financial interests do not influence students' academic performance, evaluation, or placement:

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1. Did you disclose conflicts of interest to your students?

Yes [ ]  No [ ]

1. In the research project, are you responsible for hiring, supervising, directing or setting salaries for any closely associated persons?

Yes [ ]  No [ ]

1. If yes, identify the closely associated person.

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## Other Conflict of Interest Involvement

1. Do you have some other involvement or financial interest that is, or could be perceived to be, in conflict with the proper discharge of your duties on this research project? Include any financial interest related to your participation in decision-making about expenditures of university funds; such participation includes but is not limited to hiring and procurement. Apply a standard of what a "reasonable" person confronted with the financial relationship would be considered a conflict.

Yes [ ]  No [ ]

If yes, please describe:

## Working with partners: roles and responsibilities

If you are working with partners, you must disclose the roles and responsibilities of each research team member at VIU and the partner organization(s). All personnel involved in the grant must be included in the table including supervisor, trainee, interns, Elders and indigenous contributors, and assistants.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of participant1** | **Primary affiliation List all your appointments at VIU by title as they appear in your appointment(s)** | **Do you receive any form of compensation for these roles?2** | **Describe your involvement in each of the roles proposed**  | **Affiliations outside VIU****(List all titles of other positions you hold as they appear in your appointment(s)3,4** | **Do you receive any form of compensation for these roles?2** | **Describe your involvement in each of the roles proposed** |
|  |  |  |  |  |  |  |
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1 List all persons associated with VIU who would be involved in any part of the research project, regardless of whether the listed person would conduct these activities under the auspices of VIU or another institution.

2 Describe all compensation (including gifts, stipends, salary, scholarships, etc.) the listed person would receive in consideration of their role or roles described, and the institution/s through which financial compensation would be received. If the listed person would receive financial compensation in consideration of multiple roles and/or through multiple institutions, describe each source of financial compensation and the institution through which financial compensation will be received.

3 Description should include any participation on boards and committees, participation in research, medical treatment if applicable, teaching, classroom support etc.

4 Affiliations include academic status such as adjunct faculty. If the identified person is associated with multiple institutions, identify under which institution’s auspices each role would be fulfilled.

## Mitigation Mechanisms:

For each conflict of interest identified above, please describe the steps which will be taken to minimize or manage the real, potential or perceived conflict of interest. (Note: as a minimum, all conflicts of interest should be fully disclosed to participants during the Information and Consent process, preferably in writing in an Information and Consent Letter along with the proposed mitigation mechanism).

|  |  |
| --- | --- |
| Conflict | Mitigation action |
|  |  |
|  |  |
|  |  |

## Declarations:

* I have read the declarations contained in this form and I am satisfied that they fully describe all real, potential, or perceived conflicts of interest associated with this research. I am also satisfied that the proposed mitigation mechanisms adequately address the conflict-of-interest issues described.
* If I am the Principal Investigator for this research project, I understand and agree that I must ensure that all "researchers" (as defined above) participating in the proposed research complete this Disclosure Form.
* I understand and agree that I must promptly provide an update to this Disclosure Form if any of the information reported here should change materially.

Name of Principal Investigator:

Signature of Principal Investigator:

Date: