

	UP OPEN UNIVERSITY Institutional Research Ethics Committee Standard Operating Procedures	
	DISCLOSURE OF CONFLICT OF INTEREST AGREEMENT (FOR MEMBERS AND CONSULTANTS OF THE RESEARCH ETHICS COMMITTEE)	REC Form No. 1 (D)
		Version No: 01
		Date of Effectivity:

In general, Conflict of Interest occurs when there is conflict (actual, potential or perceived) between an individual’s duties and his/her personal or private interest. Conflict of Interest impairs one’s abilities to exercise objectivity in the performance of official duties.

The Members (including the Chair) of the National Ethics Committee and its consultants shall sign this agreement to disclose any Conflict of Interest that they may have in the review of research protocols and other related documents.

The following can be used as a guide to determining whether he/she has Conflict of Interest.

INSTRUCTIONS TO NEC MEMBERS OR CONSULTANTS

Before affixing your signature below, please consider each of the following statements in relation to: 1) all your past and current official positions; and 2) all your immediate family members, especially spouse and children. Then, check (√) your answer in the ‘yes’ or the ‘no’ column.

STATEMENTS	YES	NO
I/My family have owned stocks and shares in the proponent organization(s).	<input type="checkbox"/>	<input type="checkbox"/>
I/My family have received a salary, an honorarium, a compensation, concessions and gifts from the proponent organization(s).	<input type="checkbox"/>	<input type="checkbox"/>
I/My family have served as an officer, director, advisor, trustee, consultant or an active participant in the activities of the proponent organization(s).	<input type="checkbox"/>	<input type="checkbox"/>
I/My family/my other organizations have had research work experience with the principal investigator(s).	<input type="checkbox"/>	<input type="checkbox"/>
I/My family/my other organizations have a long-standing issue against the principal investigator(s), the proponent organization(s), or the funding agency.	<input type="checkbox"/>	<input type="checkbox"/>
I/My family have regular social activities, such as parties, home visits and sports events, with the principal investigator(s).	<input type="checkbox"/>	<input type="checkbox"/>
I/my family/my other organizations have an interest in or an ownership issue against the proposed topic.	<input type="checkbox"/>	<input type="checkbox"/>

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I shall do this before or during any deliberations so that I may not participate in the decision regarding the said protocol.

SIGNATURE OVER PRINTED NAME

DATE

INSTITUTIONAL AFFILIATION

ADDRESS