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). |  |  |
| I/My family have received a salary, an honorarium, compensation, concessions and gifts from the proponent organization(s). |  |  |
| I/My family have served as an officer, director, advisor, trustee,  consultant or an active participant in the activities of the proponent organization(s). |  |  |
| I/My family/my other organizations have had research work experience with the principal investigator(s). |  |  |
| I/My family/my other organizations have a long-standing issue against  the principal investigator(s), the proponent organization(s), or the funding agency. |  |  |
| I/My family has regular social activities, such as parties, home visits and sports events, with the principal investigator(s). |  |  |
| I/my family/my other organizations have an interest in or an ownership issue against the proposed topic. |  |  |

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

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SIGNATURE OVER PRINTED NAME DATE

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INSTITUTIONAL AFFILIATION

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