**RECOMMENDATION OF INITIAL REVIEWER (OR SECONDARY REVIEWER ASSUMING THE ROLE OF INITIAL REVIEWER, WHERE APPLICABLE)**[[1]](#footnote-1)

Reviewer Name:       Campus Phone #:

Title      Email Address:

Unit:       Date:

The University of Manitoba *Conflict of Interest Policy* and *Conflict of Interest Procedure* should be read prior to completing this form. Please refer to section 2.3 of the *Conflict of Interest Procedures* for details on the procedure to be followed upon disclosure to the Initial Reviewer. The person in the role of Initial Reviewer must consult with the individual who made the Conflict of Interest disclosure prior to submitting this written recommendation.

□ The proposed Research or other University activity is permissible as disclosed with no further action required.

□ The conflict of interest is allowed and the following plan shall apply in order to manage the situation appropriately: (Attach additional pages if necessary)

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□ The conflict of interest cannot be managed and the proposed Research or other University activity must not proceed.

Signature of Initial Reviewer Date

1. In accordance with section 2.2.2 of the *Conflict of Interest Procedures*, if the Initial Reviewer also has a Conflict of Interest in the matter to be discussed, disclosure shall be made to the Secondary Reviewer who will then assume the role of Initial Reviewer. [↑](#footnote-ref-1)