

## CONFLICT OF INTEREST DISCLOSURE FORM

Name: \_\_\_\_\_ Campus Phone # \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Unit: \_\_\_\_\_ Date: \_\_\_\_\_

The University of Manitoba *Conflict of Interest Policy and Conflict of Interest Procedures* should be read prior to completing this form. Please refer to section 2.2 of the Conflict of Interest Procedures. The form is intended for those persons who are disclosing their own conflict of interest, whether real, perceived or potential.

**Describe the Financial or Personal Interest(s):** (Attach additional pages if necessary)

**Describe the Conflict of Interest Situation(s):** Attach additional pages if necessary

**If insufficient details are submitted, the Initial Reviewer and/or Committee may request additional information.**

**The completed form and any additional pages must be submitted to the Initial Reviewer (and Dean of Graduate Studies, where applicable).**

I have read the Conflict of Interest Policy and Procedures and the above information and I understand the requirement for disclosure. The details are accurate to the best of my knowledge. If, at any time following the signing of this Conflict of Interest Disclosure Form, there occurs any material change to the information given herein regarding the conflict of interest, either by way of addition or deletion, I shall immediately file a supplementary Disclosure Form with the Initial Reviewer (and Dean of Graduate Studies, where applicable).

Name (please print):

Signature:

Date:

**NOTICE:** This personal information is being collected under the authority of *The University of Manitoba Act*. It will be used to assess potential conflicts of interest in accordance with the Conflict of Interest Policy and Procedures by the Initial Reviewer/Secondary Reviewer (as appropriate) and the Conflict of Interest Committee. It will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). ). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

**RECOMMENDATION OF INITIAL REVIEWER (OR SECONDARY REVIEWER ASSUMING THE ROLE OF INITIAL REVIEWER, WHERE APPLICABLE)<sup>1</sup>**

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)

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

Signature of Initial Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

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<sup>1</sup> 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.

