CONFLICT OF INTEREST DECLARATION FORM

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| **NAME** |  |
| **POSITION** |  |
| **INSTIUTION** |  |
| **NEDA ROLE** | Principal Investigator  Steering Committee  Research Subcommittee  Lead Investigator  Other |

*NEDA committee members or lead investigators have an obligation to disclose any perceived, possible or actual COI relevant to their position at NEDA, so that NEDA and the Steering Committee can appropriately manage them to reduce the risk of bias. Please do not record your normal responsibilities and duties related to your usual work with other institutions. Any COI of more than 2 years ago does not need to be disclosed.*

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| **FINANCIAL CONFLICTS OF INTEREST** | |
| **Employment or voluntary employment**  Yes  No | *If yes, please include details including costing* |
| **Stock or share ownership** (related to the Cardiology field)  Yes  No | *If yes, please include details including costing* |
| **Awarded grants, scholarships, or stipends**  Yes  No | *If yes, please include details including costing* |
| **Support for travel, accommodation, meals or beverages**  Yes  No | *If yes, please include details including costing* |
| **Operational or infrastructure support**  Yes  No | *If yes, please include details including costing* |
| **Personal fees** (e.g. honoraria, consulting or lecture fees)  Yes  No | *If yes, please include details including costing* |
| **Other gifts or gratuities (includes entertainment**  Yes  No | *If yes, please include details including costing* |
| **NON-FINANCIAL CONFLICTS OF INTEREST** | |
| **Other Board or Committee positions**  Yes  No | *If yes, please include details* |
| **Intellectual property** (e.g. patents, copyrights, royalties)  Yes  No | *If yes, please include details* |
| **Other benefits related to development of products from the NEDA research**  Yes  No | *If yes, please include details* |
| **Relevant personal or social relationships**  Yes  No | *If yes, please include details* |

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| **OFFICE USE ONLY** | |
| **Reviewed by the Steering Committee**  Yes  No | Date: |
| **Action required?**  Yes  No | Details: |
| **Signature:** | **Date:** |

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| **OTHER ACTIVITIES** | |
| **Do you have any other activities that the Steering Committee should be aware of?**  Yes  No | *If yes, please include details* |

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| **DECLARATION AND SIGNATURE** | |
| I declare I have disclosure any actual, possible or potential COI to the best of my knowledge. | |
| **Signature:** | **Date:** |

***Please return your completed form to the Principal Investigators or*** [***admin@neda.net.au***](mailto:admin@neda.net.au)

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