



## DECLARATION OF INVESTIGATOR

MCA-F-501/11

|                           |  |
|---------------------------|--|
| <b>Title of the trial</b> |  |
| <b>Protocol No</b>        |  |

|                      |   |
|----------------------|---|
| <b>Name of Staff</b> |   |
| <b>Designation</b>   | Coordinating Investigator <input type="checkbox"/> Clinical Trial Coordinator <input type="checkbox"/><br>Responsible Medical Doctor <input type="checkbox"/> Research Clinician <input type="checkbox"/><br>Contract Research Affiliate <input type="checkbox"/> Other (specify) |
| <b>Work address</b>  |   |

1. I will conduct the trial and fulfill my duties as specified in the clinical trial protocol
2. Using the broad definition of conflict of interest below, I declare that I have no financial or personal relationship(s) which may inappropriately influence me during the conduct of this clinical trial  
*Conflict of interest exists when an investigator or the investigator's institution has financial or personal relationships with other persons or organisations that inappropriately influence (bias) his or her actions.*
3. I have / have not (delete as applicable) previously been involved in a trial at a site which has been closed due to failure to comply with Good Clinical Practice (details attached if applicable)
4. I have / have not (delete as applicable) previously been involved in a trial which has been closed as a result of unethical practices (details attached if applicable)

.....  
Signature

.....  
Date