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| **Title of the trial** |  |
| **Protocol No** |  |

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| **Name of Staff** |  |
| **Designation** | Coordinating Investigator [ ]  Clinical Trial Coordinator [ ] Responsible Medical Doctor [ ]  Research Clinician [ ] Contract Research Affiliate [ ]  Other (specify) |
| **Work address** |  |

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| 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.*1. 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)
2. 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)
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 Signature Date