

**SIMON FRASER UNIVERSITY
CONFLICT OF INTEREST DISCLOSURE FORM**

PART A (Disclosing Member to Complete):

Name:	
Department:	
Position:	
Calendar Year:	
Supervisor Name:	

1. Compensated External Professional Activity (Consulting, Board Memberships, Teaching, etc.)

Company or Organization	Description of Relationship, Form of Compensation, and Conflict or Potential Conflict of Interest

2. Business Interests (Vendor-Employee Conflict of Interest, Financial Interest in Company, etc.)

Company or Organization	Description of Relationship, Form of Compensation, and Conflict or Potential Conflict of Interest

3. Familial Appointments and Relationships (Personal, Family, Other)

Name of Individual, Company or Organization	Description of Relationship, Form of Compensation and Conflict or Potential Conflict of Interest

4. Other External Activities

Company or Organization	Description of Relationship, Form of Compensation and Conflict or Potential Conflict of Interest

Signature:	
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Date:	
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Freedom of information and protection of privacy

The information is collected under the authority of the University Act (RSBC 1996, c. 468) and University Policy GP 37. It relates directly to and is necessary to manage the University's conflict of interest policy. This information is used only in assessing and deciding the real or potential conflict of interest disclosed in it. Questions about the collection and use of this information should be directed to the Vice President, Research/Vice President, Legal Affairs.

PART B (Supervisor to Complete):

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|---|------------|-----------|
| 1. Does a potential or real conflict of interest exist? | Yes | No |
| 2. Is this a research-related disclosure? | Yes | No |

If Yes, please complete Part B and C. If No, please complete Part B and forward to ORE directly.

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| 3. Can this conflict of interest be managed? | Yes | No |
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4. Conflict of Interest Assessment and Management Plan

Please provide information on the assessment of the conflict, the management plan, and reasons for this decision. If the management plan involves using research funds to employ or otherwise compensate a family member for services, please attach information provided by the disclosing member on the pay rate, job description, qualifications of the party in conflict, and the fund or account to be charged. For conflicts involving human participants, please include information on research ethics approvals. Please attach additional pages as needed.

APPROVALS:

Signature:	Supervisor's Name	Date
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PART C (Dean to Complete and Forward to ORE)

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| 1. Does this conflict involve research with human participants (as defined by Policy R20.01)? | Yes | No |
|---|------------|-----------|
- If Yes, ORE will forward disclosure to REB for approval.*

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|---|------------|-----------|
| 2. Does this conflict involve using funds from the Member's research grants or contracts to employ or otherwise reimburse for services rendered a member of his/her immediate family (see Policy R10.01)? | Yes | No |
|---|------------|-----------|
- If Yes, ORE will forward disclosure to VPR for approval.*

APPROVALS:

Dean's Signature	Name of Dean	Date
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VP Research Signature	Name of VP Research	Date:
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