

**Office of Research Services  
University of Regina**

**Conflict of Interest Disclosure Form  
(Project-Specific Form)**

Name of Researcher: \_\_\_\_\_

Department: \_\_\_\_\_

Research Project Title: \_\_\_\_\_

Funding Agency or Sponsor: \_\_\_\_\_

Name of Principal Investigator: \_\_\_\_\_

**Instructions**

The Conflict of Interest Disclosure form is based upon current University policies, and is also required to ensure compliance with Tri-Council funding. Fill out all categories that apply to you and forward the completed form to the Director, Office of Research Services, **and** your dean, department head, or project principal investigator, as appropriate. NOTE: The completed disclosure form will be treated as confidential and will be disclosed to internal or external persons, or to third parties, only as required for the administration of University policies and processes, or as otherwise required by law. Collection, use, disclosure and retention of personal information will be in compliance with The Local Authority Freedom of Information Act.

See also the **Policy on Conflict of Interest and Conflict of Commitment Policy** (Policy 20.140) and **University of Regina – Conflicts of Interest in Research – FAQs**.

**Definitions**

**“Closely Associated Person”** means a person related to you by blood, adoption, marriage or common-law relationship or a person with whom you have an intimate personal relationship; it may also include a person with whom you previously had such a relationship

**“Financial Interest”** means an interest in a business consisting of

- (a) any stock, stock options, deferred benefits, or other ownership interest, but excluding any interest arising solely by reason of investment in such business by mutual fund, pension fund, or other institutional product over which you do not exercise control;
- (b) receipt of, or the right or expectation to receive, from such business anything of monetary value including but not limited to salary or other payments or services (e.g. consulting fees or honoraria); intellectual property rights (e.g. named inventor on a patent and/or patent assignee, copyrighted material and benefits accruing from such rights); royalties; forbearance, forgiveness, interest in real or personal property, rent, and gifts.

**“Personal Interest”** means the personal, private or financial interest of yourself, a closely associated person or a related business

**“Related Business”** means a business or entity in which you or a closely associated person:

- (a) has a financial interest
- (b) acts as trustee, director or officer
- (c) acts in a position of employee, agent, or other role that includes responsibility for the operations or management, or segment of, the business or
- (d) acts in a position of employee, agent, or other role that includes responsibility for the influencing or determining the direction of the business.

**Researcher** means the principal investigator *and all members of the University taking part in the design, conduct, or reporting of research.* This includes faculty, undergraduate students taking part in the research, graduate students, doctoral fellows, research associates, technical staff, adjunct professors, visiting professors, and other personnel involved with the research.

## A. Interest in Commercial Organizations

1. Within the last 12 months have you or, to the best of your knowledge, any closely associated person performed any work for the sponsor or any commercial entity that would appear to be affected by the conduct or outcome of this research project?

Yes [ ] NO [ ]

If NO, please skip this section of the questionnaire and go to **Question 2.**

If **YES**, in what capacity? *Please check below all that apply:*

	You	Closely Associated Person
- Consultant/Advisor	[ ]	[ ]
- Employee	[ ]	[ ]
- Independent contractor	[ ]	[ ]
- Officer – Director	[ ]	[ ]
- Fiduciary Role	[ ]	[ ]
- Other	[ ]	[ ]

\_\_\_\_\_

2. Within the last 12 months have you or, to the best of your knowledge, any closely associated person received compensation of any kind from the sponsor or any commercial entity that would appear to be affected by the conduct or outcome of this research?

Yes [ ] NO [ ]

If NO, please skip this section of the questionnaire and go to **Question 3.**

If **YES**, please check below all that apply:

	You	Closely Associated Person	Amount/value/year
Honoraria for lectures, papers, teaching	[ ]	[ ]	_____
Salaries, Officer/Director's Fees	[ ]	[ ]	_____
Gifts / gratuities	[ ]	[ ]	_____
Compensation for service on advisory board	[ ]	[ ]	_____
Royalty payments	[ ]	[ ]	_____
Other	[ ]	[ ]	_____

**3.** Do you or, to the best of your knowledge, any closely associated person own stocks, stock options or other forms of ownership in the sponsor or any commercial entity that would appear to be affected by the conduct or outcome of the above mentioned research?

**Yes** [ ]                      **NO** [ ]

If you answered **NO**, please go to **Question 4**.

If you answered **YES**, please respond to the following:

	You	Closely Associated Person	Value / %
<i>Publicly-traded Company</i>			
Ownership	[ ]	[ ]	_____
Stocks	[ ]	[ ]	_____
Stock Options	[ ]	[ ]	_____
Other forms of ownership	[ ]	[ ]	_____

	You	Closely Associated Person	Shares / %
<i>Non-publicly-traded Company</i>			
Stocks	[ ]	[ ]	_____
Stock Options	[ ]	[ ]	_____
Other forms of ownership	[ ]	[ ]	_____

**4.** Are you, or to the best of your knowledge, any closely associated person, named as an inventor in an issued patent or patent application, the value of which would appear to be affected by the conduct or outcome of the proposed research?

If you answered **NO**, please go to **Section B**.

If you answered **YES**, who has the ownership of the patent? Please check below all that apply:

- [ ] You
- [ ] Spouse / domestic partner
- [ ] Parents

- Descendants  
 Other closely associated person

*Please explain below:*

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### **B. Research Support**

1. Does the research involve human subjects?  Yes  No
2. What is your role in the research study (e.g. Principal Investigator, site PI, blinded evaluator, research design, data collection, author, reviewer, technical operator)?

### **C. Research and Educational Supervision**

Faculty are responsible for assuring that their students' (and others over whom they have scientific and technical oversight) research activities are consistent with the educational mission of the University and that normal progress of the student is made toward the desired degree.

1. Do you supervise any students, residents, or fellows in any research effort or educational program that is directly related to your financial interests as declared in this form (e.g. external consulting, intellectual property development, equity or stock options)?  Yes  No

(a) If yes, describe the procedures that are in place to ensure that your financial interests do not influence students' academic performance, evaluation, or placement:

- (b) Did you disclose the above outside commercial interests to your students?  Yes  No

(2) In the research project, are you responsible for hiring, supervising, directing or setting salary any closely associated persons?

\_\_\_\_ Yes                      \_\_\_\_ No

(a) If yes, identify the closely associated person.

**D. Other Conflict of Interest Involvement**

Do you have some other involvement or financial interest that is, or could be perceived to be, in conflict with the proper discharge of your duties on this research project? Include any financial interest related to your participation in decision-making about expenditures of University funds; such participation includes but is not limited to hiring and procurement. Apply a standard of what a "reasonable" person confronted with the financial relationship would be considered a conflict.

\_\_\_\_ Yes                      \_\_\_\_ No

If yes, please describe:

**If I am the Principal Investigator for this research project, I understand and agree that I must ensure that all "researchers" (as defined above) participating in the proposed research complete this Disclosure Form.**

**I understand and agree that I must promptly provide an update to this Disclosure Form if any of the information reported here should change materially.**

**I certify that I have read and understand the University of Regina Conflict of Interest and Conflict of Commitment Policy, that I have made all the required disclosures, and I will comply with the Policy and any conditions imposed by the University to manage, reduce, or eliminate a conflict of interest.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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