

Conflict of Interest Disclosure Declaration Form



This COI Disclosure Declaration Form was adapted from the University of Toronto DOM Continuing Professional Development Faculty & Planning Committee Disclosure Declaration Form.

It is the policy of GEMINI at St. Michael's, Unity Health Toronto, to ensure objectivity, transparency, and scientific rigor. All GEMINI Investigators are required to disclose to the program Chairs any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of GEMINI. This pertains but is not limited to relationships within the last two (2) years with for-profit organizations, not-for-profit and public sector sponsors and donors, biomedical device manufacturers, or other corporations whose products or services are related to GEMINI.

The intent of this policy is not to prevent GEMINI Investigators from having external relationships. It is merely intended that any potential conflict of interest should be identified openly so that the Chairs understand these relationships and can manage any conflicts that may arise.

Disclosures must be made annually to the Projects & Publications Committee Chair(s): Drs. Amol Verma & Fahad Razak. If you have a Conflict of Interest Declaration form that you currently use, we will accept that as your disclosure.

PART 1:

Title of Role	
I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose	
I have a relationship with a for-profit and/or a not-for-profit organization to disclose Please indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship in Part 2.	

PART 2:

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Any direct financial payments including receipt of honoraria		

Membership on advisory boards or speakers' bureaus		
Funded grants or clinical trials		
Patents on a drug, product or device		
All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity		

PART 3:

<input type="checkbox"/> I Agree By clicking "I agree", you are acknowledging that the above information is accurate and will be documented internally.			
Name:		Date:	
Signature:			